Appendix D

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Item	Regulatory Citation	Brief Description of the Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
1	Land Application Permit # GA01-405	The facility is required to monitor groundwater wells on a quarterly basis around the land application area. Analyses are to include: nitrate, specific conductivity, pH, and depth to groundwater.	The facility is monitoring the wells annually for the following parameters: specific conductivity, depth to groundwater, pH, specific gravity, total dissolved solids, total suspended solids, ammonia as nitrogen, total phosphorus, COD, BOD, nitrate, total organic carbon, and oil & grease. No document was found in the file relative to a modification allowing a reduction in monitoring frequency. The facility has not land applied any waste in the last 10 years.	The facility began submitting quarterly monitoring of groundwater wells as required by the permit. Affected personnel were trained on the monitoring requirements.	5/3/05	7/1/05	6/30/05	B,F
2	Storm Water General Permit GAR00000	The facility is required to prepare and implement a Storm Water Pollution Prevention Plan (SWPPP) in accordance with the permit's provisions.	The facility has prepared a SWPPP, but the plan has eleven miscellaneous technical deficiencies.	The facility amended the SWPPP to address the deficiencies noted. Affected personnel were trained per the revised SWPPP.	5/3/05	7/1/05	6/29/05	A,F

Item	Regulatory Citation	Brief Description of the Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
3	Cross Connection Control Ordinance Section 6: Section F: page 6-11, Section G: page 6-13.	The facility is required to inspect backflow protection devices annually.	The facility received notification from the Athens Clarke County Cross Connection Coordinator, dated March 1, 2005, requiring the "annual" test of the backflow prevention devices. The notice provided information of test requirements and a list of devices to be tested. The test results were to be submitted to the City by March 31, 2005. The notice was not directed to the person, or persons, responsible for arranging the tests, and no action was taken. The facility received the second notice requiring completion of the test(s) and submittal of the results by May 4, 2005. NOTE: a contractor has been engaged to test the device 5/4/05. It should also be noted that there is no record of the facility having tested, or of being required to test, the backflow prevention device in prior years.	The facility engaged a certified contractor to complete the required back flow protection device inspection and submitted the results to the County on 5/4/05.	5/3/05	7/1/05	5/4/05	B,F
4	7 U.S.C.A. § 136 j (A)(2)(g) (Federal Insecticide, Fungicide and Rodenticide Act)	Section 136 j (A) (2) (g) of the Federal Insecticide, Fungicide and Rodenticide Act provides that "it shall be unlawful for any person to use any registered pesticide in a manner inconsistent with its labeling"	The label for the registered pesticide (Biosperse 250) used in water treatment indicates the containers should be triple rinsed and recycled or punctured prior to disposal in a sanitary landfill. Personnel indicated that the containers are triple rinsed but are not punctured prior to disposal.	The facility prepared a procedure to appropriately dispose of the pesticide containers. Affected personnel were trained on the procedure.	5/3/05	7/1/05		B,F

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Item	Regulatory Citation	Brief Description of the Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
5	40 C.F.R. § 112.7(e)	Since the facility is required to prepare a SPCC Plan, the plant is required to maintain inspection records for a period of three years.	The SPCC Plan indicates that daily inspections will be conducted of the fuel oil tank, transformers, and waste finish system. A representative review of inspection records indicated that inspection records were not available for a week in September 2004 and May 13 and 14, 2004. The SPCC Plan also indicates that the oil drum storage areas are inspected on a monthly basis. Records were not available to document the inspection of the oil drums in the power area in October and November 2004.	The facility engaged a professional engineer (PE) to amend the SPCC plan to include appropriate inspection and records retention requirements. Affected personnel were trained on the amended SPCC plan, including inspection requirements.	5/3/05	7/1/05	6/30/05	C
6	40 C.F.R. § 112.5	The SPCC Plan regulations require a Professional Engineer to certify any technical amendment to the plan.	Since the SPCC Plan was last reviewed in February 2001 the facility added the 55-gallon oil drums at the facility to the plan (March 2004) without the plan being recertified by a P.E.	The facility engaged a PE who amended the SPCC plan to reflect the requirement for PE recertification for technical amendments and certified the amendments being made to the SPCC plan. Affected personnel were trained on the amended SPCC plan.	5/3/05	7/1/05	6/30/05	A,F
7	40 C.F.R. § 112.8(c)(6)	The SPCC Plan regulations require that regular visual inspections must be performed of containers storing oil.	Currently inspections are not being performed on the fuel oil tanks for the emergency fire water pumps.	The facility revised the inspection form in the SPCC plan to include the fuel oil tanks in the pump house. Affected personnel were trained on the revised inspection requirements. The facility began conducting the required inspections.	5/3/05	7/1/05	6/30/05	B,F

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Item	Regulatory Citation	Brief Description of the Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
8	40 C.F.R. § 112.7(c)	The SPCC Plan regulations require that appropriate containment and/or diversionary structures be installed to prevent spills from reaching a navigable water.	The piping between the fuel oil tank and the building and the fuel oil piping inside the fire water pump house does not have a means of preventing leaks from reaching a navigable water.	The facility sealed openings in the pump house to provide sufficient containment. A PE evaluated the containment options for the fuel oil piping and appropriate containment and/or diversionary structures were provided for the fuel oil piping. The SPCC plan was amended and recertified by the PE.	5/3/05	7/1/05	6/30/05	A,F
9	40 C.F.R. § 112	Since the facility stores greater than 1,320 gallons of oil the facility is required to prepare a SPCC Plan.	The facility's SPCC Plan contained 9 miscellaneous technical deficiencies.	The facility engaged a PE who amended the SPCC Plan to address the deficiencies noted. Affected personnel were trained on the amended SPCC plan.	5/3/05	7/1/05	6/30/05	A,F
10	40 C.F.R. § 112.8(c)(2)	The SPCC regulations require oil storage tanks to have sufficient secondary containment to contain 100 percent of the capacity of the tank plus sufficient free board to contain a precipitation event.	The fuel oil storage tank has a capacity of approximately 15,200 gallons and has a secondary containment capacity of approximately 15,400 gallons. This free board is sufficient to contain only a 0.5 inch rainfall. Currently the facility has implemented administrative controls to limit the storage in the tank to less than 12,000 gallons. Administrative controls cannot be implemented to meet the SPCC secondary containment requirements.	The facility engaged a PE who evaluated the containment options. The facility modified the containment per the PE's recommendations. The SPCC Plan was amended to include the containment modifications. Affected personnel were trained on the amended SPCC plan.	5/4/05	7/2/05	6/30/05	A,F
11	Air Permit 2282-059-0038-B-01-0	Permit Condition 4.2 requires that routine maintenance shall be performed on all air pollution control equipment.	The CVM scrubber/fume eliminator has a "system on" indicator bulb. The bulb did not appear to be functioning as the system was operating and the bulb was not illuminated.	The facility replaced the bulb. An inspection program was implemented to ensure that components of the pollution control equipment are functioning properly. Affected personnel were trained on the requirement to maintain air pollution control equipment pursuant to Permit Condition 4.2 and on the inspection program.	5/4/05	7/2/05	6/20/05	C

Item	Regulatory Citation	Brief Description of the Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
12	40 C.F.R. § 355.30	A Facility at which there is present an Extremely Hazardous Substance (EHS) equal to or greater than the threshold planning quantity (TPQ) must provide notification to the State Emergency Response Commission (SERC) that the Facility is subject to emergency planning requirements and shall designate an emergency coordinator.	Sulfuric acid, contained in lead/acid batteries, is present in quantities greater than the TPQ (TPQ is 1,000 lbs for sulfuric acid). Although the Tier II report provides comparable information to the agencies, there was no record that the notification referenced in the regulation was submitted to the appropriate agency.	The facility submitted the required initial notification to the SERC. The site chemical approval procedure was revised to incorporate this notification requirement. Affected personnel were trained on the revised procedure.	5/4/05	7/2/05	6/3/05	D,F
13	40 C.F.R. § 273.15	A small quantity handler of universal waste may accumulate universal waste for no longer than one year from the date the universal waste is generated. A small quantity handler of universal waste who accumulates waste must be able to demonstrate the length of time that universal waste has been accumulated using one of the six prescribed procedures in § 273.15 (c).	Spent fluorescent lamps are classified as universal wastes and stored in appropriate cardboard boxes in the chemical shed. Accumulation dates are not recorded on the cardboard boxes. The facility cannot demonstrate that the accumulation times for the spent lamps have not exceeded one year in accordance with the prescribed procedures in the regulation.	The facility disposed of spent fluorescent lamps in the current inventory as universal wastes. The universal waste management procedure was revised to include labelling of containers with the accumulation start date and a container/labeling inspection program. Affected personnel were trained on the revised procedure.	5/4/05	7/2/05	6/20/05	B,F

Item	Regulatory Citation	Brief Description of the Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
14	40 C.F.R. § 273.16	A small quantity handler of universal waste must inform all employees who handle or have responsibility for managing universal waste (fluorescent light bulbs and batteries). The information must describe proper handling and emergency procedures appropriate to the type(s) of universal waste handled at the facility.	The facility provided training in the form of a business conference class. The training did not appear to address emergency procedures. Not all employees that handle universal waste attended the class.	The facility revised the current universal waste management procedure to address the appropriate emergency procedures. Affected personnel were trained on the revised procedure.	5/4/05	7/2/05	6/20/05	B,F
15	40 C.F.R. § 262.11	A generator of solid waste must determine if the wastes that are generated are hazardous wastes.	The following containers of materials/products no longer used by the facility were observed in the chemical shed: 1. A 55-gallon drum of red tint. 2. A 55-gallon drum of Betz ENTEC 725 3. A 5-gallon container of Foamtrol AF724 4. A 5-gallon container of Spectrus BD15, which has a high pH. 5. A 5-gallon container of Sublime Water Scale Solvent, which has a low pH. 6. A 30-gallon drum of Optiguard MC3 Personnel indicated that these materials were wastes but could not verify that hazardous wastes determinations had been made on the waste.	The facility performed waste classifications and prepared waste profiles for the noted materials. The facility has properly disposed of the wastes. The facility developed an inspection procedure for the chemical storage shed to ensure materials are identified and waste profiles are developed. Affected personnel were trained on the inspection procedure.	5/4/05	7/2/05	6/29/05	A,F

Item	Regulatory Citation	Brief Description of the Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
16	40 C.F.R. § 262.40(c)	A generator of solid waste must maintain records of hazardous wastes determinations made in accordance with 40 C.F.R. § 262.11.	No records were found documenting hazardous waste determinations made for the parts washer solvent, waste aerosol cans, fork truck wash area trap waste, and rags used with the magnaflux in the power area. In addition, there were no records of the hazardous waste determination made in association with used antifreeze waste, D006 and D007, shipped from the facility in July of 2004.	The facility performed waste classifications and prepared waste profiles for the noted waste streams. The facility updated the inventory of waste streams and included the waste classification for each waste stream. Affected personnel were trained on the waste classifications and preparation of waste profiles for the facility waste streams.	5/4/05	7/2/05	6/29/05	A,F,C
17	40 C.F.R. § 262.7(a)(8)	Generators are required to maintain copies of land disposal restriction forms for a period of three years from when a waste is shipped off site for disposal.	A copy of the Land Disposal Restriction form for manifest 99974 dated 6-30-03 was not in the facility files.	The facility obtained the copy of the LDR form from the waste disposal contractor. The facility updated the documentation management procedure to address LDR documentation and records retention requirements. Affected personnel were trained on the revised procedure.	5/5/05	7/3/05	6/29/05	D,F

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TAB 4

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
			EXCEPTIONS					
1	40 C.F.R. § 370	A Tier II report is required to be submitted on an annual basis for any hazardous chemical that requires an MSDS which exhibits hazards and is present in quantities greater than or equal to 10,000 lbs or any EHS present in greater than or equal to 500 lbs or the threshold planning quantity. Location of each tank/container is required to be listed.	The facility prepared a MSDS for calcium carbonate but Tier II reports and a MSDS have not been filed with the State Emergency Response Commission, Local Emergency Planning Committee, and the local fire department.	The facility prepared and submitted a Tier II report for calcium carbonate for calendar year 2004. Affected personnel received training on EPCRA reporting requirements. The Tier II reporting requirement was added to the facility's compliance calendar.	6/13/05	8/12/05	8/5/05	B,F
2	40 C.F.R. § 122	The facility's Standard Industrial Classification (SIC) Code has been determined to be 5093. Facilities under that SIC code are subject to the provisions of the NPDES storm water permit program. The state of Georgia has a general permit for industrial activities under which the facility would be covered. The facility is required to obtain a permit and prepare a Storm Water Pollution Prevention Plan or, under certain conditions, a waiver of non-exposure may be obtained exempting them from permit and plan requirements.	The facility has not filed for coverage under the State's general permit nor have they obtained a waiver for non-exposure to storm water exempting them from coverage.	The facility filed for a waiver for non-exposure to storm water exempting it from the requirement to obtain coverage under the General Storm Water Permit. The facility revised its compliance calendar to include renewal of the "no exposure" certification every 5 years.	6/13/05	8/12/05	7/18/05	A,F
3	40 C.F.R. § 262.11	A generator of solid waste must determine if the wastes that are generated are hazardous wastes.	A hazardous waste determination has not been completed on the following waste streams generated at the facility: 1. Used rags contaminated with an aerosol brake cleaner that contains tetrachloroethylene used in degreasing parts. 2. The materials such as aerosol cans, paint cans, and other containers that come into the facility with the trucks delivering carpet to the facility. 3. The containers of discarded methanol in the flammable storage cabinets.	The facility completed and documented a hazardous waste determination for these wastes. The facility has prepared and maintains an inventory of all types of wastes generated onsite, including documentation of waste classification. Affected personnel received training on waste management requirements.	6/13/05	8/12/05	8/5/05	D,F

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
4	391-3-11.18	The State of Georgia has incorporated by reference the hazardous waste regulations relative to standards for generators of universal waste. The universal waste categories include mercury containing fluorescent lamps, metal halide lamps, mercury vapor lamps, mercury containing thermostats and other devices, and batteries.	There are high intensity bulbs in the plant that are spent but not removed from the fixtures. Small batteries are routinely placed in the general trash.	The facility has removed and properly disposed of the bulbs. The facility prepared a universal waste management guidance document and will identify and manage universal waste in accordance with this guidance. Affected personel have received universal waste training.	6/13/05	8/12/05	7/18/05	B,F
5	40 C.F.R. § 112	Since the facility is required to prepare a SPCC Plan the facility's oil storage areas must meet the requirements of the regulations	The following items were noted as being deficient with regards to the regulations. 1. The level gauge on the diesel fuel tank needs repair. 2. The loading and unloading area for the diesel fuel tank does not have a means to prevent a spill from reaching a navigable water.	The facility removed the existing diesel tank and replaced it with a smaller (250-gallon) tank, which reduced oil storage capacity to below the 1,320 gallon SPCC threshold.	6/13/05	8/12/05	7/18/05	A,F
6	40 C.F.R. § 112 (b)	Facilities that store, process, or use oil and oil products and might be reasonably expected to discharge oil in quantities that may be harmful to navigable waters of the United States are subject to the regulation. Facilities having an oil capacity of 1,320 gallons or more in containers of 55 gallons or larger are required to prepare a SPCC Plan.	The Facility does not currently have an SPCC Plan. The Facility is required to have an SPCC Plan because the oil storage or use capacity is greater than 1,320 gallons and is located such that a release could enter a drainage ditch that flows to a navigable water. The oil containers at the site include the following; 1. A 400-gallon diesel fuel tank 2. A 500-gallon hydraulic oil reservoir for the SSI Shredder. 3. A 400-gallon hydraulic oil reservoir for the carpet baler. 4. A 55-gallon drum of hydraulic oil. 5. An 85-gallon hydraulic oil reservoir for the fiber baler.	The facility removed the existing diesel tank and replaced it with a smaller (250-gallon) tank, which reduced oil storage capacity to below the 1,320 gallon SPCC threshold. The facility prepared and now maintains an oil storage capacity inventory. Affected personnel received training on the the SPCC planning triggers to ensure the threshold for requiring a SPCC Plan is not exceeded. The facility revised its compliance calendar to include periodic updates of the inventory.	6/13/05	8/12/05	7/18/05	A,F

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TAB 5.A

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
			EXCEPTIONS					
1	S.C. Code Regs. 61-62.70.5(c)(3)(i)	A permit application shall describe all emissions of regulated air pollutants from any emissions unit, except where the units are exempted under Section 70.5(c).	The Title V permit application does not include information regarding the following insignificant activities: engines for emergency fire pumps, emergency generators for water intake pumps, or temporary compressors.	The facility has notified SCDHEC of these additional insignificant activities and has provided SCDHEC with information concerning the additional insignificant activities to update the facility's Title V permit application. The facility sought extensions of time to resolve this finding by letters dated March 23, 2005 and June 10, 2005. SCDHEC approved the addition of these insignificant activities by letters dated 8/5/05 and 8/26/05.	2/23/05	Per 6/10/05 letter, current extension requested until 10/31/05. Per 9/30/05 EPA letter, extension request granted.	8/26/05	D,F
2	S.C. Code Regs. 61-62.70.5(c)(3)(i); Reg. 61-62.6 Control of fugitive Particulate matter, Section III(c)	A permit application shall describe all emissions of regulated air pollutants from any emissions unit, except where the units are exempted under Section 70.5(c). No source/plant shall use any method of material handling which will generate fugitive dust particulate matter that is not fully described in the permit application.	The permit application includes a flow diagram for coal handling, but does not describe fugitive emissions from coal unloading or fugitive dust from coal storage area.	The facility has notified SCDHEC of the identified fugitive emissions and on 6/10/05 provided SCDHEC with information concerning the fugitive emissions to update the facility's Title V permit application. The facility sought extensions of time to resolve this finding by letters dated 3/23/05, 6/10/05 and 10/21/05.	2/23/05	Previous extension granted until 10/31/05. Per 10/21/05 letter, current extension requested until SCDHEC issuance of Title V permit.	6/10/05 See Tab 18.B	D,F

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
3	40 C.F.R. § 82.156(k)	The owner of HCFC containing equipment normally containing 50 lbs or more of refrigerant must keep service records documenting the date, type, and quantity of refrigerant added. Records must be kept for at least three years. Additional records must be kept if a unit is found to leak.	There are 15 refrigeration units that normally contain greater than 50 lbs of HCFC. Records were incomplete: 1. On unit Eng-1-2A, one record indicated that "refrigerant was added" but the quantity was not recorded. 2. A gap where refrigerant addition quantities were not recorded beginning in late 2003 was observed and confirmed with the contractor.	The facility confirmed that the referenced unit was replaced in 2001. The facility developed a procedure for recording quantities of refrigerant added to units containing greater than 50 lbs. of refrigerant. Affected personnel received training on the procedure.	2/25/05	4/25/05	4/18/05	B,F
4	Title V Permit Condition 3.R	The facility's current Title V permit requires that "any document (including reports) shall contain a certification by a responsible official or designee that meets the requirement of SC Regulation 61-62.70.5(d)." "Responsible official" is defined under SC Regulation 61-62.70.2(cc).	Previously submitted quarterly continuous opacity monitoring reports and semiannual monitoring reports in 2003 and 2004 have been signed by facility environmental managers (other than the site manager) who have not been granted advanced "delegation of authority" approval by SCDHEC and, therefore, do not meet the definition of "responsible official".	The facility notified SCDHEC that the identified 2003 and 2004 certifications were not signed by a "responsible official." SCDHEC responded that resubmission of the identified certifications was not required. The facility updated its policy and procedure for signatory of official compliance submittals to ensure that the appropriate level of signatory approval is defined and used for future submittals.	2/28/05	4/28/2005 Extension approved until 6/10/05	6/10/05	B,F
5	S.C. Code Regs. 61-62.70.5(c)(3)(i)	A Title V permit application shall describe all emissions of regulated air pollutants from any emissions unit, except where exempted under Section 70.5(c).	The Title V permit renewal application submitted in September 2003 does not include the following emissions data: - PM10 from Type 93 Nylon Spinning (Section H form); - PM10 from Lindberg Furnace (Section H form); - PM10 from Nylon BCF Spinning (Section H form); - HCl, HF and dioxin from #1-4 Dowtherm Vaporizers (Section I forms); - HCl, HF and dioxin from Boilers #1-4 (Section I forms); and - Benzene from Aboveground Gas Tank (no Section I form).	The facility submitted the identified additional emissions data to SCDHEC as a supplement to the facility's Title V permit renewal application.	2/28/05	4/28/2005 Extension approved until 6/10/05	6/10/05	D,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
6	S.C. Code Regs. 61-62.5 Standard 8 - II.C	Changes in various modeling parameters (including emission rates) require a review by the facility to determine if they have an adverse impact on the Maximum Allowable Ambient Concentration (MAAC) compliance demonstration for Toxic Air Pollutants (e.g., biphenyl).	The facility reportedly performed Toxic Air Pollutant (TAP) modeling in the early 1990s to assess compliance with MAACs, however no documentation of the modeling was available for review. Attachment A of the current Title V permit indicates that the previously-modeled emission rates for five TAPs, including biphenyl, which was modeled at an emission rate of 0.0269 lb/hr (which is not a Title V permit emission limit, but rather a record of the emission rate used in the previous compliance determination). The 2003 Emissions Inventory Point Source Data Report indicates that the biphenyl emission rate was approximately 0.142 lb/hr (point source only). Given the increased emission rate, the facility is subject to the cited review requirement (for biphenyl and possibly for the other four previously-modeled TAPs and any other "new" TAPs which have not yet been modeled) and has not conducted the review.	The facility reviewed the basis for the referenced biphenyl and other toxic air pollutant (TAP) emission rates and determined that toxics modeling was warranted for TAPs from the facility. The facility submitted an air toxics modeling protocol to SCDHEC on 6/10/05 and SCDHEC approved this protocol on 7/22/05. The facility conducted the toxics modeling and submitted the results to SCDHEC on 9/22/05. The modeling demonstrated compliance with applicable TAP regulations, and thus no additional corrective action is required. The facility is awaiting SCDHEC's acknowledgement of the modeling analysis. The facility sought extensions of time to resolve this finding by letters dated 3/23/05, 6/10/05 and 10/21/05.	2/28/05	Previous extension granted until 10/31/05. Per 10/21/05 letter, current extension requested until SCDHEC issuance of Title V permit.	9/22/05 See Tab 18.B	D,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
7	Title V Permit Condition 6.B.12 / S.C. Code Regs. 61-62.1.IV.D.5	Biennial stack testing of the Lindberg Furnace must be performed at its "expected maximum production rate".	The December 2003 stack test was performed at a "production rate" of approximately 4.3 lb/hr (60 lbs Nylon burned / 14 hrs), whereas the average "product burn rate" that was derived (by the facility) from data in the 1999 and 2001 Point Source Data Report (PSDR) is 5.7 lb/hr. "Expected maximum production rate" is not defined in the Title V permit or in the SC regulations; however SC Regulation 61-62.1.IV.D.5 indicates that "the owner or operator shall ensure that source tests are conducted while the source is operating at the maximum expected production rate or other production rate or operating parameter which would result in the highest emissions for the pollutants being tested."	The facility requested a change in its Title V permit condition to reflect a 25% variance on the emission rate achieved during a biennial source test. In addition, the facility submitted a test protocol for the biennial Lindberg Furnace source test and accelerated the date of the 2005 test from December 2005 to 7/21/05. The facility ran a source test on the Lindberg Furnace on 7/21/05 and submitted the test results to SCDHEC on 8/22/05. The facility requested a new permit condition on 10/18/05 and will revise the Lindberg Furnace operating procedure based on the approved permit condition. Affected personnel will receive training on this procedural change upon approval by SCDHEC. The facility sought extensions of time to resolve this finding by letters dated 3/23/05, 6/10/05 and 10/21/05.	3/1/05	Previous extension granted until 10/31/05. Per 10/21/05 letter, current extension requested until SCDHEC issuance of Title V permit.	Pending See Tab 18.B	D,F
8	Title V Permit Condition 5.E.7	Only operators trained in accordance with a SCDHEC-approved training program may operate the Lindberg Furnace.	The facility was unable to produce documentation regarding SCDHEC's approval of the Lindberg Furnace training program.	The facility prepared an updated training program for operation of the Lindberg Furnace and submitted the program to SCDHEC for approval. Upon receipt of SCDHEC approval, affected personnel received training, and certificates of training were submitted to SCDHEC. The facility sought an extension of time to resolve this finding by letter dated March 23, 2005.	3/1/05	4/29/2005 Extension request approved until 6/10/05.	5/20/05	D,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
9	S.C. Code Regs. 61-86.1 IV (H)(g)(8)	Metal dumpsters or containers used for asbestos waste storage shall be labeled in accordance with 29 C.F.R. § 1926.1101.	Danger signs with information required in 29 C.F.R. § 1926.1101 are not present on the metal dumpsters. The danger signs present near the metal dumpsters do not contain all of the required information.	The facility replaced the current "Danger-Asbestos" with signage containing information required by 29 C.F.R. § 1926.1101, as per S.C. Code Regs. 61-86.1 IV(H)(g)(8). Container management procedures were reviewed to ensure that asbestos container labeling requirements were adequately addressed. Affected personnel received training on asbestos labeling requirements.	2/28/05	4/28/05	3/28/05	B,F
10	S.C. Code Regs. 61-58.8(B)(4); Reg. 61-58.7(E)	The South Carolina regulations require public water supply systems to prepare an emergency preparedness plan in accordance with the regulations. The regulations require that an up-to-date distribution map showing valves, line sizes, fire hydrants, pumping, storage, and treatment facilities.	The facility has prepared an Emergency Action Plan that meets OSHA requirements but not the requirements of the South Carolina Drinking Water Regulations. A limited review of the facility's distribution system drawings indicated that drawing W293257 incorrectly referenced domestic water lines on drawings W208855, W208876, and W208888.	The facility replaced the referenced water distribution maps with maps that reflect existing site conditions. The facility revised the Emergency Action Plan to incorporate the requirements of the South Carolina drinking water regulations. Affected personnel received training on the drawings and plan.	3/1/05	4/29/05	4/5/05	A,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
11	S.C. Code Regs. 61-58.5	The State Primary Drinking Water Regulation requires all public water systems to monitor Maximum Contaminant Levels (MCLs) for lead, copper, inorganic chemicals, organic chemicals, microbiological contaminants, radionuclides, trihalomethane concentration, volatile synthetic organic chemicals (VOCs), and disinfection by-products on a schedule outlined in the regulation. The facility water treatment system is classified as a non-community, non-transient, public water system. The state rule was last updated in September 2003, but the regulation was in force prior to that. The monitoring requirements for the MCLs became effective in 1993 or earlier (depending on the parameter).	The facility has monitored water quality parameters (alkalinity, pH, temperature, and coliform) on a monthly basis as required in its permit. The state (SCDHEC) monitors various points on site for disinfection by products on a routine basis, but the facility has not monitored the MCLs as required of public water systems.	The facility evaluated drinking water monitoring requirements for the water system. Based upon this analysis, the facility determined that SCDHEC monitors the MCLs set forth in the regulation that are not being monitored by the facility, with the possible exception of dioxin and cyanide. Nonetheless, on April 25, 2005, the facility completed its own sampling for the required MCL constituents, including dioxin and cyanide. The sampling results confirmed compliance with the MCLs. MCL sampling was added to the compliance calendar. The facility sought an extension of time to resolve this finding by letter dated April 27, 2005.	3/1/05	4/29/05 Extension request approved unitl 5/30/05.	5/27/05	B,F
12	S.C. Code Regs. 61-58.7.B(15)	The South Carolina Regulations require public water supply systems to use treatment chemicals that are certified to meet National Sanitation Foundation (NSF) standards.	The facility did not have records to show that the alum and chlorine used to treat the drinking water met NSF standards.	The facility obtained documentation from the current providers that alum and chlorine meet NSF standards.	3/2/05	4/30/05	3/30/05	E

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
13	S.C. Code Regs. 61-58.7.F(8)(a)	The South Carolina Regulations require back flow preventors to be tested annually.	Domestic Water Drawing W293257 indicates that there is a backflow preventor on the third floor of the BCF Building. The person testing backflow preventors at the plant indicated that this backflow prevention device had not been tested.	The facility confirmed that the backflow preventor on the third floor of the BCF Building had been removed from service and thus was not required to be tested. The facility confirmed that all backflow preventors are included in the annual testing program and that all backflow preventors have been tested as part of the most recent annual testing process. A backflow preventor testing program entry was added to the compliance calendar. The facility confirmed that affected personnel received certification.	3/1/05	4/29/05	3/29/05	E
13.1	S.C. Code Regs. 61-58.7.F(8)(a)	The South Carolina Drinking Water Regulations do not allow a cross connection between a public water and a non-public drinking water system.	The Raw Water tank did not have an air gap to protect the drinking water system.	The Raw Water tank was modified to include an air gap and the air gap was added to the facility's list of backflow prevention devices.	5/10/05	7/8/05	6/6/05	A,F
14	S.C. Code Regs. 61-58.7.B(2) and 58.7.E(13)	The South Carolina Regulations require public water supply systems to prepare Standard Operating Procedures for the operation and maintenance of the water systems. The operating procedures must meet the requirements of the regulations and the regulations require the facility to maintain flushing records.	1. The facility does not have a procedure for disinfecting water lines after repair and before being placed back into service as required. 2. The facility does not have a distribution system flushing program and does not maintain flushing records of the lines. 3. The facility does not have a leak detection and repair program.	The facility developed and implemented procedures for disinfecting water lines after repair. The facility developed and implemented a distribution system flushing program (including appropriate recordkeeping provisions). The facility developed and implemented a leak detection and repair program. Affected personnel received training on these procedures and programs. An entry was added to the compliance calendar.	3/2/05	4/30/05	4/21/05	A,F

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TAB 5.A

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
15	40 C.F.R. § 112	Since the facility stores greater than 1,320 gallons of oil the facility is required to prepare a SPCC Plan.	The facility's SPCC Plan contained 19 technical deficiencies.	The facility modified the SPCC Plan to address the items referenced in the audit. The revised plan was certified by a licensed professional engineer. Affected personnel received training on the plan revisions. An entry was added to the compliance calendar to review the SPCC Plan.	2/23/05	4/23/05	4/21/05	A,F
16	40 C.F.R. § 112	Since the facility is required to prepare a SPCC Plan, the plan should identify all oil storage and usage areas with capacities greater than or equal to 55 gallons.	The facility's SPCC Plan failed to include 25 items.	The facility modified the SPCC Plan to address the items referenced in the audit. The revised plan was certified by a licensed professional engineer. Affected personnel received training on the plan revisions. An entry was added to the compliance calendar to review the SPCC Plan.	2/23/05	4/23/05	4/21/05	A,F
17	40 C.F.R. § 112.8(c)(10)	The SPCC Plan regulations require that oil spills from containers and tanks to be promptly removed.	The No. 6 fuel oil tank had an oil stain down the side of the tank that had not been cleaned up.	The facility cleaned the outside of the No. 6 fuel oil tank and a leak was repaired. The facility revised the SPCC Plan, including tank inspection requirements and the tank inspection form. Affected personnel received training on the revised SPCC Plan.	2/23/05	4/23/05	4/21/05	B,F
18	40 C.F.R. § 112.5	The SPCC Plan regulations require a Professional Engineer to certify any technical amendment to the plan.	Since the SPCC Plan was updated in August 2004 the finish oil dumpster tanks were added to the plan without the plan being re-certified by a P.E.	The revised SPCC Plan was certified by a licensed professional engineer. Affected personnel received training on the certification requirements.	2/23/05	4/23/05	4/21/05	C
19	40 C.F.R. § 112.7(e)	Since the facility is required to prepare a SPCC Plan, the facility is required to maintain inspection and training records for a period of three years.	Prior to August 2004 the facility's SPCC Plan only covered the fuel storage tanks at the plant power area. Personnel indicated that prior to November 2004 the records of the regular inspections of the fuel storage tanks and any training records were not maintained.	The facility revised the SPCC Plan, including tank inspection requirements and the tank inspection form. Affected personnel received training on the revised SPCC Plan.	2/23/05	4/23/05	4/21/05	A,B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
20	40 C.F.R. § 112.8(c)(2)	The SPCC Plan regulations require that oil storage tanks have adequate secondary containment.	The finish oil dumpster tanks at BCF do not have secondary containment. Drainage from the finish oil dumpster tanks flows off site to the north.	The facility removed the dumpster tanks and revised the SPCC Plan to reflect removal of the tanks.	2/23/05	4/23/05	4/21/05	A,F
21	40 C.F.R. § 112.7(e)	Since the facility is required to prepare a SPCC Plan, the facility is required to conduct inspections in accordance with written procedures.	The SPCC Plan indicates that inspection records are to be maintained on the form in the SPCC Plan Appendix. Personnel inspecting the Essential Materials Building do not record the inspections on this form. In addition one inspection record for a tank in the Finish Prep Area and an inspection form in salt and flake were not fully completed.	The facility revised the SPCC Plan and affected personnel received training on the use of the SPCC inspection forms. A training entry was added to the compliance calendar.	2/24/05	4/24/05	4/21/05	B,F
22	40 C.F.R. § 112.7(c)	The SPCC Regulations in 40 C.F.R. § 112.7(c) require containment at the facility to prevent spills from reaching a navigable water from loading and unloading areas, transformers, and oil reservoirs.	The wastewater treatment plant transformers, the emergency generator tank loading area, and the unloading area for used oil tank at the PEO Shop are located in areas that drain off the site without passing through the wastewater treatment plant or the 24-hour retention pond.	The facility confirmed that secondary containment, diversionary structures and/or equipment related to the wastewater treatment plant transformers, the emergency generator tank loading area, and the used oil tank unloading area at the PEO Shop are sufficient and revised the SPCC Plan. Affected personnel received training on the revised Plan.	2/24/05	4/24/05	4/21/05	E
23	40 C.F.R. § 112	The SPCC Plan indicates that the drainage valves of secondary containment areas are locked closed.	The drain valve for the No. 6 fuel oil storage tank secondary containment area was not locked closed.	The facility placed a locking mechanism on the drain valve for the No. 6 fuel oil storage tank secondary containment. The facility revised the SPCC Plan and affected personnel received training on the revised Plan.	2/24/05	4/24/05	4/21/05	B,F
24	40 C.F.R. § 112.8(c)(2)	The SPCC Plan regulations require that oil storage tanks have adequate secondary containment to contain 100 percent of the tank plus a rainfall event.	The records documenting the secondary containment capacity of the 125,000 gallon No. 2 fuel oil tank indicate it has a secondary containment capacity of 104,573 gallons.	The facility confirmed the secondary containment capacity of the 125,000 No. 2 fuel oil tank. The facility revised the SPCC Plan and affected personnel received training on the revised Plan.	2/24/05	4/24/05	4/21/05	E

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
25	Federal Insecticide, Fungicide and Rodenticide Act 7 USCA § 136j(a)(2)(g)	Section 136 j (A) (2) (g) of the Federal Insecticide, Fungicide and Rodenticide Act provides that "it shall be unlawful for any person to use any registered pesticide in a manner inconsistent with its labeling".	The labels for the registered pesticide (Nalcon 7647) used in Finish Prep power indicate the drums should be triple rinsed and punctured prior to disposal in a sanitary landfill. Personnel indicated that the drums are pumped dry and then sent off for recycling without being triple rinsed.	The facility contracted with a vendor to properly dispose of the Nalcon 7647 containers. A procedure was created for on-site management of these containers. Affected personnel received training on the procedure.	2/23/05	4/23/05	4/6/05	B,F
26	S.C. Code Regs. 61-79.262.11	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge.	A container of skein plates located outside the dye laboratory was incorrectly labeled as "oily waste".	The facility removed the "oily waste" label from the container. Training materials were reviewed to confirm that proper labeling of hazardous material containers is addressed. Affected personnel received training on the container management information.	2/23/05	4/23/05	3/7/05	C
27	S.C. Code Regs. 61-79.262.13	Large quantity generators (LQGs) of hazardous waste must file a revised waste index retrieval whenever any information the generator has previously provided becomes outdated or inaccurate.	The facility has 50 hazardous waste streams listed on its waste index retrieval, several of which are outdated or no longer generated at the facility. Therefore, the Notification Form no longer accurately reflects hazardous waste generation at the facility.	The facility submitted a DHEC-1965 form to SCDHEC identifying the facility's current waste streams. A waste stream review entry was added to the compliance calendar.	2/23/05	4/23/05	4/13/05	B,F
28	S.C. Code Regs. 61-79.262.20 and 268	A generator who transports or offers for transportation, hazardous waste for off-site treatment, storage, or disposal must prepare a manifest and complete a land disposal restriction (LDR) form according to the instructions pertained in Part 262. Per regulations, LDRs must be retained for three (3) years.	No evidence of the preparation of an LDR form was available for a manifest dated August 5, 2004.	The facility obtained from the disposal facilities the referenced LDR form. The facility HAZMAT procedures were revised to clarify LDR notification requirements. Affected personnel received training on the revised procedures.	2/23/05	4/23/05	3/10/05	C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
29	S.C. Code Regs. 61-79.262.34(a)(2)	The date upon which each period of accumulation begins must be clearly marked and visible on each container (accumulation start date) when waste is stored in a designated HWAA.	One (1) 55-gallon drum of "used tetrachloroethylene", one (1) 55-gallon drum of isophoronediamine (IPDA), and one (1) 55-gallon drum of used oil presumably mixed with chlorinated solvents (failed Safety-Kleen total organic halogen test) were observed in the HWAA without an accumulation start date. Therefore, it is unknown how long the containers have been stored in the HWAA or if the facility is meeting the less than 90 day permit exemption.	The facility removed the drums for off-site disposal. The facility revised its container management procedures to clarify labeling requirements. Affected personnel received training in container management. An entry was added to the compliance calendar to train affected personnel on container management.	2/24/05	4/24/05	3/12/05	D,F
30	S.C. Code Regs. 61-79.262.10	Facilities generating hazardous waste must manage and dispose of hazardous waste in accordance with SCDHEC regulations.	Paper towels used with an aerosol containing a listed hazardous waste (perchloroethylene in brake cleaner) are disposed of as solid waste (trash) in the PEO auto shop (vehicle maintenance shop). Disposition of hazardous waste with solid waste constitutes improper disposal of hazardous waste.	The facility began separating towels affected with listed waste into dedicated containers. A towel management procedure was developed to ensure that hazardous waste towels are managed properly. The facility converted to cloth towels suitable for sending off-site to a commercial rag cleaning/laundering service. Affected personnel received training on requirements of the procedure.	2/24/05	4/24/05	3/12/05	B,F
31	S.C. Code Regs. 61-79.262.11	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge.	Three (3) 55-gallon drums of unknown (unlabeled) material and one (1) 5-gallon bucket labeled as aluminum roof flashing material were observed in a lay down yard west of the former contractor pipe shop. The containers were rusted, in poor physical condition, and appeared to contain out-dated or unusable material.	The facility had the contents of the three drums characterized and properly disposed of off-site. An entry was added to the compliance calendar to conduct facility-wide inspections to prevent improperly stored materials.	2/28/05	4/28/05	4/7/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
32	S.C. Code Regs. 61-79.262.20, 262.40(a), and 262.42	A generator who transports or offers for transportation, hazardous waste for off-site treatment, storage, or disposal must receive a copy of the manifest with the handwritten signature of the owner or operator of the TSDF within 45 days of the date the waste was accepted by the initial transporter. If this copy is not received within 45 days, the generator must submit an Exception Report to SCDHEC.	A manifest dated November 23, 2004 (over 45 days old) did not have the final manifest with a handwritten signature from the TSDF. Additionally according to personnel, no Exception Report was submitted to SCDHEC.	The facility obtained a copy of the return manifest. The facility reviewed manifest procedures to ensure that the proper return addresses were placed on the manifests. Affected personnel received training on the procedures. The facility filed an exception report with SCDHEC.	2/28/05	4/28/05	4/18/05	C
33	S.C. Code Regs. 61-79.273.14 and 273.15	The facility has made the determination that spent lead-acid batteries are universal waste and must be managed and disposed of pursuant to universal waste regulations. Spent lead-acid batteries must be labeled/marked according to 273.14 and must have an accumulation start date to ensure that waste is stored onsite for no longer than one (1) year (273.15).	Spent lead-acid batteries stored in a metal structure on the west side of the Stores area and two pallets of lead-acid batteries stored in the 90-day HWAA were not properly labeled and did not have an accumulation start date.	The facility removed all spent lead-acid batteries from the site for proper disposal. The facility designated the new container of spent lead-acid batteries with the accumulation start date. The facility revised its labeling and closure procedures. Affected personnel received training on container management, including labeling and closure requirements.	2/28/05	4/28/05	3/11/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
34	S.C. Code Regs. 61-79.273.15	The facility has made the determination that spent fluorescent lamps are universal waste and must be managed and disposed of pursuant to universal waste regulations. Spent fluorescent lamps must be labeled/marked according to 273.14 and must have an accumulation start date to ensure that waste is stored onsite for no longer than one (1) year (273.15).	Spent fluorescent lamps stored west of the BCF repack scales and south of the BCF repack spur conveyor did not have an accumulation start date.	The facility removed all used fluorescent lamps from the site for proper disposal. The facility designated the new container of fluorescent lamps with the accumulation start date. The labeling and closure procedures were revised. Affected personnel received training on container management, including labeling and closure requirements.	2/28/05	4/28/05	3/2/05	B,F
35	S.C. Code Regs. 61-79.273.9	Metal halide lamps are required to be managed, stored, labeled, and disposed of as either hazardous waste or universal waste.	Metal halide lamp was observed in a container labeled "broken glass" in the Power Control Equipment Shop and on a workbench in the former contractor pipe shop.	The facility collected and disposed of the referenced lamp as universal waste. The facility revised procedures related to universal waste management to ensure that waste halide lamps are adequately addressed. Affected personnel received training on the revised procedures.	3/1/05	4/29/05	3/8/05	B,F
36	S.C. Code Regs. 61-79.265.16(d)(1) and 265.16(d)(2)	The owner or operator of a facility generating hazardous waste must maintain the job titles and written job descriptions for each individual who engages in hazardous waste management.	No job titles or job descriptions exist for individuals who manage hazardous waste at the facility. Job descriptions should include the requisite skill, education, or other qualifications and duties of facility personnel assigned to hazardous waste management.	The facility revised job titles for personnel involved with hazardous waste management, including requisite skill, education, or other qualifications and duties related to hazardous waste management.	3/1/05	4/29/05	4/18/05	D,F

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
37	S.C. Code Regs. 61-79.262.34(c)(1)	Facilities accumulating hazardous waste in a Satellite Accumulation Area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	Hazardous waste perchloroethylene (perclene) yarn is generated inside the Chemical Laboratory at an SAA which is in compliance with the rules in Part 262. However, that hazardous waste is then moved from the SAA inside the laboratory to a second SAA outside the laboratory in a separate building. Per regulations, the facility can not move the hazardous waste from one SAA to another. The hazardous waste must be moved from the SAA inside the laboratory to the facility 90 day Hazardous Waste Accumulation Area (HWAA) for storage prior to disposal.	The facility discontinued use of the second SAA for this waste stream. The procedures for management of this waste were revised to clarify use of the SAA located across from the testing equipment as the sole SAA. Affected personnel received training on the revised procedures.	3/1/05	4/29/05	3/17/05	B,F
38	S.C. Code Regs. 61-79.262.34	Facilities accumulating hazardous waste in a Satellite Accumulation Area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	The menol hazardous waste storage area outside the Chemical Laboratory is treated by the facility as an SAA. However, the storage of menol outside the laboratory does not meet SAA rules and/or requirements because the storage is not at or near the point of generation and is not under the control of the operator of the process generating the waste. The storage of menol in this location more aptly meets the regulatory definition of 90 day Hazardous Waste Accumulation Area (HWAA) storage.	The facility began managing this location as a 90-day storage area. The procedures for management of this waste were revised to clarify use of the requirements for 90-day storage, including the additional inspection and training requirements that apply to 90-day areas. Affected personnel received training on the revised procedures.	3/1/05	4/29/05	3/21/05	B,F
39	S.C. Code Regs. 61-79.265.1050 (Subpart BB)	Generators of hazardous waste are required to conduct monthly leak detection monitoring of air emissions from pumps, piping, and valves handling hazardous waste.	There is currently no monitoring program in place for the piping system between the menol point of hazardous waste generation in the Chemical Laboratory and the point of hazardous waste collection (accumulation) in a 55-gallon drum at the current satellite accumulation area outside the laboratory. Subpart BB monitoring requirements are applicable to this menol piping system.	The facility developed and implemented a monitoring procedure. Affected personnel received training on the procedure.	3/1/05	4/29/05	4/26/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
40	S.C. Code Regs. 61-79.262.11	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge.	Five (5) one-gallon cans of Thermoset EP-914 Hardener were observed in the former LA Smith Satellite Accumulation Area (SAA) building. The cans had an expiration date of October 17, 1997, were rusted, and in poor physical condition.	The facility had the contents of the cans characterized and properly disposed of off-site. An entry was added to the compliance calendar to conduct facility-wide inspections to prevent improperly stored materials.	3/2/05	4/30/05	3/3/05	B,F
41	S.C. Code Regs. 61-79.273.15	Universal waste must be labeled/marked according to 273.14 and must have an accumulation start date to ensure that waste is stored onsite for no longer than one (1) year (273.15).	The facility has been storing dry cell (alkaline) batteries in a metal can labeled as "Universal Waste - Batteries" in the CP & Melt Maintenance Shop. The storage container does not have an accumulation start date.	The facility properly disposed of the batteries and removed the metal can as a universal waste location. The facility reviewed procedures concerning battery management and disposal. Affected personnel received training in universal waste management.	3/2/05	4/30/05	3/28/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
42	S.C. Code Regs. 61-79.262.34(c)(1)	Facilities accumulating hazardous waste in a Satellite Accumulation Area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	The facility currently accumulates empty aerosol cans as non-hazardous waste in containers located throughout the facility. Periodically, the aerosol cans are transferred to the can puncturing building for puncturing. Before puncturing, the cans are sorted and the empty aerosol paint cans are placed in a hazardous waste container and managed as a hazardous waste. Because the facility labels and manages the aerosol paint cans as hazardous waste at the can puncturing building, the collection of aerosol paint cans in bulk throughout the facility should also be managed as hazardous waste, and maintained in Satellite Accumulation Areas (SAAs). It should also be noted that the can puncturing operation is currently operated as an SAA. However if aerosol paint cans are accumulated as hazardous waste in SAAs throughout the facility, then the can puncturing SAA can not be considered an SAA (because a waste may not be moved from one SAA to another) and the area must consequently be managed as a 90 day Hazardous Waste Accumulation Area (HWAA).	The facility began operating the aerosol can puncture area as a 90-day storage area. The aerosol management procedure was revised to include 90-day storage and satellite area management requirements. The facility established proper satellite accumulation areas for aerosol cans. Affected personnel received training on the aerosol can management procedure. An entry was added to the compliance calendar to perform aerosol can management training.	3/2/05	4/30/05	4/18/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
43	S.C. Code Regs. 61-79.260.10 and 262.34	Facilities generating hazardous waste must manage and dispose of hazardous waste in accordance with SCDHEC regulations.	Because the facility is managing empty aerosol paint cans as hazardous waste at the can puncturing building, the cans must be managed as hazardous waste throughout the facility. Empty aerosol cans were documented in scrap metal bins in the Salt & Flake Control Equipment Shop and in the CP & Melt Maintenance Shop. Additionally, some of the aerosol can storage containers had holes in the lids (to allow disposal without lifting the lid) and did not meet the requirement that all hazardous waste storage containers must be kept closed except when adding or removing waste (closed container requirement).	The facility began operating the aerosol can puncture area as a 90-day storage area. The aerosol management procedure was revised to include 90-day storage and satellite area management requirements. The facility established proper satellite accumulation areas for aerosol cans. Affected personnel received training on the aerosol can management procedure. An entry was added to the compliance calendar to perform aerosol can management training.	3/2/05	4/30/05	4/18/05	B,F
44	S.C. Code Regs. 61-79.262.13	Large quantity generators (LQGs) of hazardous waste must file a Notification Form within 30 days of first generating a hazardous waste or within 90 days of the date when one of their waste streams is classified as hazardous by a revision to SCDHEC's regulations.	Spent mercury batteries, switches, and relays were observed in a metal container in the CP & Melt Control Equipment Shop. These wastes are classified as D009 (mercury) hazardous wastes. This waste stream is not listed on the facility waste inventory and SCDHEC has not been notified of their generation.	The facility removed the referenced items for proper off-site disposal. The facility submitted a DHEC-1965 form to SCDHEC identifying D009 mercury waste as a waste stream. A waste stream review entry was added to the compliance calendar.	3/2/05	4/30/05	4/13/05	B,F,D
45	S.C. Code Regs. 61-79.262.13	Large quantity generators (LQGs) of hazardous waste must file a revised Notification Form whenever any information the generator has previously provided becomes outdated or inaccurate.	The facility has characterized Waste Paint Related Material (i.e., paint, paint thinner, cleaning solvents) as D001, D004, D006, D007, D008, F003, and F005. However, the hazardous waste labels on two waste paint drums in the LA Smith contractor shop Satellite Accumulation Area (SAA) and on one waste paint drum in the can puncturer building SAA also had the waste code D035 for methyl ethyl ketone (MEK). MEK is not listed on the facility waste stream inventory.	The facility confirmed that waste code DO35 for MEK is listed on the facility's waste stream inventory.	3/2/05	4/30/05	3/9/05	E

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
46	S.C. Code Regs. 61-105(G)	A small quantity generator (SQG) of infectious waste is defined in Part G of the regulation as an entity that generates less than 50 pounds per month of infectious wastes. Infectious wastes is in turn defined in Part E of the regulation as including sharps such as injection needles, blood and blood products, microbiologicals, and pathological waste. An SQG is required to register with the state (SCDHEC) and obtain an identification number.	The facility has not registered with SCDHEC and has not obtained an identification number for generation of infectious wastes.	The facility registered with SCDHEC as a small quantity generator of medical (infectious) waste. The facility prepared an infectious waste plan. Affected personnel received training on the plan.	2/28/05	4/28/05	3/14/05	D,F
47	General Storm Water Discharge Permit SCR000000	The facility is required to maintain a SWPPP that complies with the regulations and with the facility's General Storm Water Permit.	The facility's SWPPP contained 20 technical deficiencies.	The facility revised the SWPPP to address the items referenced in the audit. Affected personnel received training on the plan revisions. An entry was added to the compliance calendar to periodically review the plan.	2/23/05	4/23/05	4/19/05	A,F
48	General Storm Water Discharge Permit SCR000000	The facility is required to maintain a SWPPP that complies with the regulations and with the facility's General Storm Water Permit.	The facility's SWPPP contained 6 technical deficiencies.	The facility revised the SWPPP to address the items referenced in the audit. Affected personnel received training on the plan revisions. An entry was added to the compliance calendar to review the plan. The facility had the SWPPP non-storm water discharge certification signed by a responsible corporate official.	2/24/05	4/24/05	4/19/05	A,F
48.1	General Storm Water Discharge Permit SCR000000	Page 20, Part IV, Section D, Paragraph 10 requires the SWPPP to be re-certified every three years.	The SWPPP was last certified on 4/9/02. The SWPPP was not re-certified by 4/9/05.	A registered professional engineer certified the revised SWPPP. An entry was added to the compliance calendar to timely update the certification.	4/13/05	6/11/05	4/15/05	C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
48.2	NPDES Permit SC0002585	Outfall 002 is a permitted discharge point for non-contact and excess stormwater only	The floor and other drains in and around the Power House, drains inside the Nylon Engine Room, and drainage from certain other areas of the facility were directed to the 24-hour pond via a valve structure referred to as "Jake's Gate." Flow through Jake's Gate is normally to the 24-hour pond except during heavy rainfall events when it is directed to Outfall 002. Because Outfall 002 is identified in the facility's NPDES permit as a discharge point for stormwater and non-contact cooling water only, unauthorized discharges could be directed to the Outfall under certain rainfall conditions.	The facility determined that sources other than stormwater runoff and non-contact cooling water could be directed through Outfall 002 during a heavy rainfall event. The facility located and eliminated potential sources other than stormwater runoff and non-contact cooling water that could be directed through Outfall 002. The facility added monthly inspection of the I Street ditch to the facility's monthly stormwater audit/inspection schedule.	5/18/05	7/16/05	7/15/05	B,F
49	19 C.F.R. § 12.121	An "import certification statement" must be submitted to the U.S. Customs Service or to EPA for shipments of chemicals or mixtures of chemicals, including R&D samples that are imported into the U.S. for TSCA-regulated commercial purposes.	TSCA "import certification statements" do not appear to have been submitted to U.S. Customs or EPA for shipments of recycled Nylon pellets from Andola Fibres Ltd. in Canada received on 2/23/04 (43,420lbs., 44,849 lbs., 43,544lbs., 43,337lbs.), 9/28/04 (16,307 kg), 10/1/04 (15,802 kg), 1/26/05 (18,946 kg), and 1/31/05 (6155 kg).	The facility submitted post-import certifications for the referenced imports. The facility TSCA procedure was revised to ensure that import certifications are properly addressed. Affected personnel received training on TSCA import certification procedures.	2/23/05	4/23/05	4/19/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
50	40 C.F.R. Parts 710 and 720 (e.g. 40 C.F.R. § 720.45(a)(2)(i))	Polymers are required to be identified in the TSCA Inventory in terms of the chemical names of the monomers and other reactants that are used at greater than 2% by wt. to manufacture the polymer. The names of monomers that are used at 2% or less may be optionally included in the TSCA Inventory description of the polymer.	Nylon polymers manufactured from a process using Nylon 6,6 salt monomer and one or two additional salt monomers (e.g. NRD-504, NRD-76) and a non-salt monomer (e.g. HMD or adipic acid) do not appear to be included in the TSCA Inventory, nor do such polymers appear to be covered by former Premanufacture Notices (PMNs) that were submitted to EPA by DuPont in early 1990. The DuPont PMNs appear to describe Nylon polymers produced from combinations of salt monomers only and do not cover the use of HMD or adipic acid as additional non-salt monomers.	The facility confirmed that no PMNs were required to be submitted for the referenced polymers. The facility revised its TSCA procedure to ensure that PMN issues are properly addressed. Affected personnel received training on the TSCA procedure.	2/24/05	4/24/05	4/19/05	E
51	40 C.F.R. § 761.65	PCB waste may only be stored in a temporary location (i.e., a location not meeting PCB storage facility requirements at Part 761.65) for 30 days from the date of removal from service.	One (1) 55-gallon drum of PCB waste in the BCF basement which meets the EPA definition of a PCB temporary storage location was incorrectly dated as "3-7-05". The container (drum) should be dated with the first date a PCB item/article was removed from service which would make this date incorrect.	The facility removed the drum for proper off-site disposal. A container management training entry was added to the compliance calendar. Affected personnel received training on container management.	2/24/05	4/24/05	3/2/05	C
52	S.C. Code Regs. 61-87.12(A) and 87.13	The South Carolina regulations require a facility to report Class V.A wells that were in use prior to 1988 to SCDHEC within 30 days of the effective date of the regulation. Class V.A wells include french drains for storm water runoff and discharge of steam condensate. These wells must also be permitted by SCDHEC.	The facility has numerous french drains that receive steam condensate discharges. These systems have not been reported to the SCDHEC nor has the facility obtained an operating permit for the french drains. Upon permitting, SCDHEC may require monitoring as outlined in S.C. Code Regs. 61-87.14(G).	The facility submitted a redesign proposal to SCDHEC's Underground Injection Control (UIC) and NPDES groups. The facility received approval of the redesign from SCDHEC's UIC group. SCDHEC's NPDES group required the facility to conduct specified compliance activities. The facility redesigned and reconstructed the french drains and conducted the specified compliance activities required by SCDHEC's NPDES group. The facility sought extensions of time to resolve this finding by letters dated 4/27/05, 6/27/05 and 8/29/05.	2/28/05	Per 6/27/05 letter, extension requested until 8/31/05. Per 8/29/05 letter, extension requested until 10/31/05.	9/22/05	A,F

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TAB 5.A

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
53	S.C. Code Regs. 61-87.12(b)	The South Carolina regulations require all septic systems at business establishments in place prior to 1988 (the effective date of the regulation) be abandoned.	1. "Camp Charlie" has two septic tank systems that were installed prior to 1983 and have not been abandoned. 2. The temporary construction shops have a septic tank system that was installed by 1977 and has not been abandoned. 3. A drawing for warehouse 1 shows the warehouse being served by a septic tank system that would have been installed prior to 1988. It is not know if it has been abandoned.	The facility determined that it has one operational septic system. The facility submitted a permit application for the septic system on 4/25/05. The facility received the permit to operate from SCDHEC on 4/28/05, bringing the system into compliance. For the systems that were closed prior to 1983, SCDHEC confirmed that no abandonment procedures are required.	2/28/05	4/28/05	4/28/05	A,F

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date of Discovery	60-day Date	Date Corrected	Frequency/ Duration
1	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); S.C. Code Regs. 61 62.5 Standard 7 - (i)(1), (j)(3), (k) and (m)	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's acquisition, in 1997 the facility made physical modifications to Dowtherm Furnace No. 4 T-Thermal Burner by replacing two existing burners with a new burner. These changes resulted in increases of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	2/15/05	4/15/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F
2	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); S.C. Code Regs. 61 62.5 Standard 7 - (i)(1), (j)(3), (k) and (m)	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's acquisition, during the 1997 to 1998 timeframe, the facility installed a new batch polymer bank (Bank 8). These changes resulted in increases of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	2/15/05	4/15/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

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TAB 5.B

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date of Discovery	60-day Date	Date Corrected	Frequency/ Duration
3	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); S.C. Code Regs. 61 62.5 Standard 7 - (i)(1), (j)(3), (k) and (m)	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's acquisition, in 1999 the facility made physical modifications to the Dowtherm Furnace No. 2 by retubing portions of the unit. These changes resulted in increases of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	2/15/05	4/15/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F
4	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); S.C. Code Regs. 61 62.5 Standard 7 - (i)(1), (j)(3), (k) and (m)	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's acquisition, in 2001 the facility made physical modifications to the Boiler No. 3 Furnace by retubing certain portions of this unit. These changes resulted in increases of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	2/15/05	4/15/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date of Discovery	60-day Date	Date Corrected	Frequency/ Duration
5	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); S.C. Code Regs. 61 62.5 Standard 7 - (i)(1), (j)(3), (k) and (m)	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's acquisition, in 2003 the facility made physical modifications to the Dowtherm Furnace No. 3 by retubing certain portions of this unit. These changes resulted in increases of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	2/15/05	4/15/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F
6	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); S.C. Code Regs. 61 62.5 Standard 7 - (i)(1), (j)(3), (k) and (m)	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's acquisition, during the 2001 to 2004 timeframe, the facility made physical modifications in the T-93 area by obtaining a state construction permit for eight (8) new spinning machines, only four (4) of which are actually installed. These changes resulted in increases of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	2/15/05	4/15/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
			POTENTIAL EXCEPTION					
PE 1	S.C. Code Regs. 61-62.70.5(a), (b)	An owner or operator of a Title V source must submit a timely and complete permit application. In addition, any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information.	The facility's original Title V air permit application submitted to SCDHEC in 1995, a revised application submitted in 1998, and the facility's Title V renewal application submitted in 2003 by the prior owner, may contain outdated information relating to the actual and maximum throughput for the BCF spinning and other processes, as it appears that the facility's current annual production throughput may exceed the originally provided throughput amount.	The facility is evaluating current and past operational throughput levels to ascertain if prior permit submittals contained accurate throughput information. If there are confirmed descrepancies, the facility will also evaluate what, if any, impacts updated throughput values might have on reported emissions or regulatory applicability determinations. Any such additional regulatory issues will be timely reported and corrective action plans will be developed and implemented on an agreed schedule. The facility has sought an extension until 2/28/06 to complete this evaluation and until 5/31/06 to identify regulatory issues, determine what permit modifications may be necessary and identify additional corrective actions that may be required.	9/29/05	11/28/05	Pending See Tab 18.A	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
			EXCEPTIONS					
1	Title V Permit Conditions of General Applicability 12.1	All required monitoring data and related support information shall be retained by the permittee for five (5) years after the date of the monitoring.	Historical records of water flow rate to the CP Line II scrubber (the main batch polymer scrubber) and to the two CP Line II finisher vent condensers are available only from May 2004 to present.	The facility has been unable to locate records from the period prior to INVISTA's ownership. The facility has automated its recordkeeping for this data to ensure that water flow rates to the scrubbers/condensers are maintained for at least five years. Affected personnel were trained on the document retention requirements.	6/7/05	8/6/05	8/3/05	D,F
2	CAPCO 4-56(c)(11)	Certain insignificant activities need not be included in the permit application if their potential emissions of criteria pollutants are less than 5 tons per year. The list of such activities includes: cooling towers, laboratories, fuel tanks (gasoline and oil), and fire equipment.	No documentation of the potential emissions from such insignificant activities is available except for the cooling towers. The PTE from the combined cooling tower emissions exceeds 5 TPY. Therefore the cooling tower is not insignificant.	The facility has completed an inventory of these emission sources to establish a baseline and determine whether these sources meet the criteria for insignificant sources. The facility has reviewed the inventory and submitted a permit modification on 8/4/05 for the cooling tower emissions, which were confirmed to be above 5 TPY.	6/7/05	8/6/05 Extension requested until permit issuance per letter dated 8/5/05.	8/4/05 See Tab 18.B	D,F
3	CAPCO 4-56(C)(12)	Certain insignificant activities must be included in the permit application. The list of insignificant activities includes the following activities if they emit less than 5 tons per year: -Surface coating and degreasing operations less than 60 gallons/month -Wastewater Treatment -Tanks less than 1000 gallons -Lubricants and waxes	The list of insignificant activities does not include: The degreasing activities The industrial wastewater treatment facility The lubricants and waxes used	The facility has completed an inventory of these emission sources to establish a baseline and has determined that these sources meet the criteria for insignificant sources. The facility has prepared and submitted an amended list of insignificant sources to the Chattanooga-Hamilton County Air Pollution Control Bureau.	6/8/05	8/7/05	8/4/05	D,F

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TAB 6.A

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
4	Title V Permit Conditions of General Applicability 12.2	The permittee shall report all emission limitation exceedances and all other deviations from permit requirements to the Bureau Director within 24 hours after the onset of the exceedance or other deviation, followed up by a written report submitted to the Bureau Director within 7 days after the onset of the exceedance or other deviation.	The deviation report letter dated October 15, 2004 submitted by DUSA references the associated initial telephone report on Monday morning October 11, 2004, regarding an incident requiring the temporary use on the auxiliary separator scrubber whose onset apparently occurred on the morning of October 9, 2004. In addition, the associated "incident report" form indicates that the exceedance occurred on 10/2/04. This exceedance/deviation was not reported within 24 hours, as required. A review of other deviations reports submitted during 2004 and 2005 did not reveal instances of less-than-prompt reporting.	The facility notified the affected company at the site (DUSA) of the need for compliance with incident reporting requirements. The facility corrected this finding by documenting that DUSA communicated these requirements to affected DUSA personnel.	6/8/05	8/7/05	8/1/05	C
5	Title V Permit Conditions Applicable to the Entire Facility 1.9 and 1.10	Semiannual compliance monitoring reports must include "[t]he single greatest number of minutes that the auxiliary scrubber was used to control particulate matter emissions from the two separators of Continuous Polymerization Line IV (Emission Unit 015) and from the two separators of Continuous Polymerization Line V (Emission Unit 016) during any one hour of the reporting period.	The semiannual compliance monitoring report dated January 25, 2005 submitted by DUSA reports: 1. The "Max. Daily Use of Auxiliary Scrubber to Control Line IV Separator Emissions" was 10 minutes; whereas the reporting requirement relates to maximum hourly usage. 2. The "Max. Daily Use of Auxiliary Scrubber to Control Line V Separator Emissions" was 52 minutes; whereas the reporting requirement relates to maximum hourly usage.	The facility notified the affected company at the site (DUSA) of this issue and has requested that DUSA identify and implement an appropriate corrective action. The facility corrected this finding by documenting that the DUSA semi-annual report form has been revised to properly report the maximum hourly usage for the affected emission units.	6/8/05	8/7/05	8/1/05	C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
6	40 C.F.R. § 82.166 (j) and 82.156 (i) (2)	Owners/operators of appliances normally containing 50 lbs or more of refrigerant must keep servicing records documenting the date and type of service, as well as the quantity of refrigerant added. In addition Owners must have leaks repaired if the appliance is leaking at rate such that the loss of refrigerant will exceed 35-percent of the total charge during a 12-month period.	With respect to the air conditioning and refrigeration units serviced by Johnson Controls, records were not maintained at the site showing the date, type of service, and quantity and type of refrigerant added. The Johnson Controls technician indicated that the records are sent to a Johnson Controls office in Nashville. In addition, the Johnson Controls technician indicated that some of the refrigeration units have charges greater than 50 lbs but that neither Johnson Controls nor the Facility have a complete listing of units showing charge quantity and refrigeration type. Johnson Controls is not calculating leak rates on all units. There was insufficient data to evaluate whether allowable leak rates have been exceeded.	The facility requested and received a copy of the service records and will retain them in an onsite file. The facility will require the vendor to provide a copy of the service records to the facility each time the units are serviced. The facility evaluated the regulatory requirements with the vendor to ensure that each party is meeting its respective responsibilities under the applicable regulations. The facility has trained affected personnel on the requirements to calculate leak rates.	6/8/05	8/7/05	7/29/05	B,F
7	40 C.F.R. § 82.158	Refrigerant recovery equipment manufactured on or after 1993 used must be certified by a certified testing company and have an appropriate label affixed. Refrigerant recovery equipment manufactured before 1993 must meet certain performance requirements.	One of the refrigeration recovery devices owned by Johnson Controls stationed permanently at the site did not have the required label and there was no documentation available that the unit was manufactured prior to 1993 or was meeting prescribed performance requirements.	The facility has replaced the unit with one meeting applicable performance standards.	6/8/05	8/7/05	6/13/05	A,F
8	CAPCO 4--54(d) Fugitive Emissions	Fugitive emissions shall be included in the part 70 Application.	Fugitive emissions (e.g. fugitive dust emissions resulting from the coal storage and handling operations) are not included in the application.	The facility has submitted a revised permit application and a request for the necessary permit modification to the Chattanooga-Hamilton County Air Pollution Control Bureau to address fugitive emissions from the coal pile.	6/8/05	8/7/05 Extension requested until permit issuance per letter dated 8/5/05.	8/4/05 See Tab 18.B	D, A, F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
9	CAPCO 4-56(c)(3)(i)	All emissions of regulated air pollutants should be provided in the permit application.	1. Particulate emissions are reported in the application as TSP. Particulate Matter less than 10 microns (PM10) is a regulated pollutant and is defined differently than Particulate Matter. 2. Sulfuric Acid Mist emissions are not reported in the application.	The facility has submitted a revised permit application and a request for the necessary permit modification to address PM-10 and sulfuric acid mist emissions to the Chattanooga-Hamilton County Air Pollution Control Bureau.	6/8/05	8/7/05 Extension requested until permit issuance per letter dated 8/5/05.	8/4/05 See Tab 18.B	D, A, F
10	Title V Permit Conditions of General Applicability 12.1	All required monitoring data and related support information shall be retained by the permittee for five (5) years after the date of the monitoring.	1. Written records of historical monitoring data for Emission Unit 009 (T-32) are readily available back through approximately mid-2002. Prior records have been misplaced and are not readily available. 2. Monitoring data for Emission Unit 011 (T-71) are recorded electronically on the "process control system". However, the site was unable to verify that 5 years of data are maintained on the system, or otherwise available on tape backup. No written records are kept.	The facility has been unable to locate records from the period prior to INVISTA's ownership. The facility has implemented a procedure for Title V recordkeeping requirements, including documentation of what records are required and how each required record should be managed. The procedure includes a method by which the retained information may be retrieved in a timely manner. Affected personnel have been trained on the procedure.	6/9/05	8/8/05	8/3/05	D,F
11	Title V Permit Conditions Applicable to the Entire Facility 5.0	Preventative maintenance on each piece of air pollution control equipment at the facility shall be performed at regular intervals in accordance with the permittee's maintenance procedures.	Facility has no documentation of the preventative maintenance requirement or of the maintenance completed for Emission Units 015, 016, 017, 018, 019, and 020 at DUSA.	The facility has notified the affected company at the site (DUSA) of this issue and has requested that DUSA identify and implement an appropriate corrective action. DUSA provided to INVISTA confirmation that it has updated its maintenance procedures to address this finding. The facility originally requested an extension until 9/30/05 per letter dated 8/5/05.	6/13/05	8/12/05 Current extension requested until 11/30/05 per letter dated 9/30/05.	11/30/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
12	Title V Permit Conditions of General Applicability 12.1	All required monitoring data and related support information shall be retained by the permittee for five (5) years after the date of the monitoring.	For Unit 018 (hot chest exhausts of spinning machines 321 and 331) at DUSA, the pump of the scrubber is required to be visually inspected once every eight hours. The inspections are done each shift and recorded on a log sheet. The log sheets are stored in a drawer. When the drawer gets full, the bottom half of the stack of log sheets is thrown away. Records dating back to approximately January 1, 2005 were available for review.	The facility has notified the affected company at the site (DUSA) of this issue and has requested that DUSA identify and implement an appropriate corrective action. The facility corrected this finding by documenting that DUSA has implemented a record retention program.	6/13/05	8/12/05	8/1/05	B,F
13	40 C.F.R. § 64.4	The current Title V permit indicates that Emission Units 02, 004, 007, 009, and 013 are subject to the Compliance Assurance Monitoring rule ("CAM"; 40 C.F.R. § 64.1-10). The CAM rule requires the owner or operator of an affected source to submit to the permitting authority monitoring that satisfies the design requirements in § 64.3. This monitoring is commonly referred to as a "CAM Plan" and, in the case of INVISTA, the submittal was required as part of the first application for renewal of their Title V permit, which was submitted in the fall of 2003.	INVISTA did not submit a CAM Plan, or otherwise address the requirements of the Rule, for the affected emission units in its first Title V permit renewal.	The initial obligation to submit the CAM Plan arose prior to INVISTA's ownership. The facility prepared and submitted the necessary CAM Plan to the Chattanooga-Hamilton County Air Pollution Control Bureau.	6/13/05	8/12/05 Extension requested until permit issuance per letter dated 8/5/05.	8/4/05 See Tab 18.B	D,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
14	Title V Permit Conditions Applicable to the Entire Facility 3.15	The two pumps that supply glycol to the two scrubbers used to initially control volatile organic compound (VOC) emissions from the two finishers of the liquid crystal polymerization (LCP) facility (Emission Unit 022) at DuPont must be visually inspected at least once every eight (8) hours when the scrubber is required to be in use to verify that the pump is operating. A log must be maintained in which every instance is recorded that the pump is not operating when the scrubber is required to be in use. For each such incident, the cause of the incident, calendar date, beginning time, elapsed time, and estimated resulting emissions shall also be recorded in the appropriate log.	A spot check of inspection records for February, May and June of 2005 indicated that the #6 Spray Column (scrubber) pump at DuPont was down from 4/29/05 through 5/2/05. However, no associated "incident log" was generated.	The facility has notified the affected company at the site (DuPont) of this issue and has requested that DuPont identify and implement an appropriate corrective action. The facility originally requested an extension until 9/30/05 per letter dated 8/5/05. DuPont informed INVISTA that it already conducts a "visual inspection" of the pumps for the scrubbers at least once every eight (8) hours when the scrubbers are in operation. DuPont has created and will maintain a log of incidents whenever a glycol spray pump is not in operation per the requirements of the TITLE V permit Section 3.15 for emission units 021, 022. The log will document each instance, cause of incident, date, beginning time, duration and estimated resulting emissions.	6/13/05	8/12/05 Current extension requested until 1/31/05 per letter dated 11/28/05.	12/29/05	C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
15	Title V Permit Emission Unit 022 Special Condition 1.2	For each of the two finishers of the liquid crystal polymerization (LCP) facility (Emission Unit 022) at DuPont, the finisher shall not be operated if either of its two scrubbers is not in operation.	A spot check of inspection records for February, May and June of 2005 indicated that one or more of the two finishers at DuPont were operated from 4/29/05 through 5/2/05 while one of the two scrubbers was not in operation.	The facility has notified the affected company at the site (DuPont) of this issue and has requested that DuPont identify and implement an appropriate corrective action. The facility originally requested an extension until 9/30/05 per letter dated 8/5/05. DuPont will cease operations of the finishers if either of (the) two scrubbers are not in operation. In addition, DuPont will create and maintain a log of incidents whenever a glycol scrubber is not in operation per the requirements of INVISTA's Title V permit Section 3.15 for emissions units 021, 022. The log will document each instance, cause of incident, date, beginning time, duration and estimated resulting emissions.	6/13/05	8/12/05 Current extension requested until 1/31/05 per letter dated 11/28/05.	12/29/05	C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
16	Title V Permit Conditions Applicable to the Entire Facility 3.16	The pump for the principle scrubber that is used to control emissions of VOCs from the LCP facility (Emission Unit 022) at DuPont must be visually inspected at least once every eight (8) hours when the scrubber is required to be in use to verify that the pump is operating. A log shall be maintained in which every instance is recorded that the pump is not operating when the scrubber is required to be in use. For each such incident, the cause of the incident; calendar date; beginning time; elapsed time; and estimated resulting emissions shall also be recorded in the log.	There are two recirculation pumps for the principle (caustic) scrubber at DuPont; only one pump is operated at any one time, the other being a backup. A spot check of inspection records for February, May and June of 2005 indicated that one of the two recirculation pumps (the "Scrubber Reclamation Pump North") was not in use on 5/01/05. However, no associated "incident log" was generated.	The facility has notified the affected company at the site (DuPont) of this issue and has requested that DuPont identify and implement an appropriate corrective action. The facility originally requested an extension until 9/30/05 per letter dated 8/5/05. In response, DuPont provided to INVISTA documentation that one of the recirculation pumps was running on 5/01/05 and thus no incident log was required to be generated.	6/13/05	8/12/05 Current extension requested until 1/31/05 per letter dated 11/28/05.	12/29/05	E
17	CAPCO 4-60(e)(9)(ii)	Any part 70 source paying annual emission fees based on allowable emissions shall file an allowable emissions analysis with the director which summarizes its allowable emissions of all "regulated pollutants (for presumptive fee calculation)".	In the "allowable emissions summary" letter dated October 26, 2004 submitted by INVISTA the annual allowable emissions for VOC and HAPs are transposed.	The facility reviewed the original letter and concluded that the error did not impact its fee calculation. The facility sent a letter to the Chattanooga-Hamilton County Air Pollution Control Bureau clarifying and correcting the information previously submitted.	6/14/05	8/13/05	7/29/05	E
18	40 C.F.R. § 112.3	Facilities storing oil in regulated quantities must prepare a Spill Prevention Control and Countermeasure (SPCC) Plan meeting the requirements of the regulations.	The Facility's existing SPCC Plan contains twelve technical deficiencies.	A Professional Engineer (PE) updated and recertified the SPCC Plan to address the noted deficiencies. Affected personnel received annual training on the revised plan.	6/7/05	8/6/05	8/4/05	A,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
19	40 C.F.R. § 112.7(c)	The SPCC Regulations in 40 CFR 112.7(c) require containment at the facility to prevent spills from reaching a navigable water from loading and unloading areas, transformers, and oil reservoirs.	Tanks and piping in the Power Area, including the Dowtherm receiving tanks and Dowtherm unloading area, as well as tanks and piping in the BP Area, transformers and circuit breakers in Substation 2 (DuPont), backup trucks for the process oil waste system, tanks and piping in the DUSA manufacturing area, tanks NI-29 (DUSA) and NI-35 (DUSA and INVISTA), and two recovery drums at the belt skimmer, rely on the boom and belt skimmer in the wastewater discharge channel as secondary containment. During heavy rainfalls and when the city prevents the plant from discharging to the city sewer, the water level in the wastewater channel has on at least two occasions overflowed the boom and belt skimmer and flowed to the Tennessee River. If oil contaminated wastewater bypasses the retention pond and overflowed the boom and belt skimmer, an oil release would not be contained. The Plant's SPCC Plan relies on this system to provide secondary containment for the above mentioned areas which does not adequately control the potential for spills.	The facility engaged a Professional Engineer (PE) to evaluate the adequacy of existing secondary containment and diversion structures in the areas noted. The PE concluded that the existing containment system for these potential sources satisfies the SPCC regulations.	6/8/05	8/7/05	8/4/05	E

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
20	40 C.F.R. § 112.7(c)	The SPCC Regulations in 40 CFR 112.7(c) require containment at the facility to prevent spills from reaching a navigable water from loading and unloading areas, aboveground piping, transformers, and oil reservoirs.	The following deficiencies were observed: 1. The diesel and gasoline truck loading/unloading area does not have secondary containment. 2. The sign posted at the diesel/gasoline truck unloading area indicates if there is a spill in the area, that water should be used to disperse the spill, which is an inappropriate response for an oil spill. 3. The aboveground piping from the No. 2 fuel oil truck unloading area and the piping for the No. 2 fuel oil tank does not have adequate secondary containment.	The facility has removed the sign directing water dispersion of product spills. The facility engaged a Professional Engineer (PE) to evaluate the adequacy of existing secondary containment and diversion structures in the areas noted. The PE concluded that the existing containment system for these potential sources satisfies the secondary containment requirements of the SPCC regulations.	6/8/05	8/7/05	8/4/05	E
21	40 C.F.R. § 112.7(e)(8)	Since the Facility is required to prepare an SPCC Plan, the Plant is required to conduct an inspection in accordance with written procedures.	Personnel interviewed in the Powerhouse indicated the Dowtherm and diesel fuel emergency generator tanks are visually inspected daily for signs of any oil releases. This daily inspection is not recorded. A semi-annual inspection in conjunction with the other SPCC Semi-Annual Inspections was not documented for these tanks.	A Professional Engineer (PE) updated and recertified the SPCC Plan to address the noted deficiencies. Affected personnel received training on the revised plan including revised inspection forms and recordkeeping requirements.	6/8/05	8/7/05	8/4/05	B,F
22	40 C.F.R. § 112.7(e)(10)	Since the Facility is required to prepare an SPCC Plan, the Plant is required to provide personnel with an initial training in the SPCC Plan, as well as provide refresher training.	Personnel interviewed indicated that refresher SPCC training was not conducted.	The facility provided SPCC training to affected personnel and maintains documentation of such training in the facility files.	6/8/05	8/7/05	7/27/05	B,F
23	40 C.F.R. §112.20	Facilities that store more than 1,000,000 gallons of oil and are located such that a spill could cause substantial harm to the environment must prepare and submit a Facility Response Plan to the local EPA administrator.	The Facility stores more than 1,000,000 gallons of oil and is located such that a spill could cause substantial harm to the environment; therefore, the Facility should prepare a FRP.	The facility engaged a Professional Engineer (PE) to complete a formal Certification of Substantial Harm evaluation, the result of which is that a Facility Response Plan (FRP) is not needed.	6/8/05	8/7/05	8/4/05	D,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
24	40 C.F.R. § 355.30	A Facility at which there is present an Extremely Hazardous Substance (EHS) equal to or greater than the threshold planning quantity (TPQ) must provide notification to the State Emergency Response Commission (SERC) that the Facility is subject to emergency planning requirements and shall designate an emergency coordinator.	There are four EHSs present in quantities greater than the TPQ: hydroquinone, nitric acid, sulfuric acid, and phenol (based on the 2004 Tier II report). There was no record that notifications were submitted to the appropriate agencies.	The facility located the initial TPQ notification from 1987 for the listed chemicals in its files. Accordingly, the facility determined that this finding is not an exception. The facility has placed a copy of the notification in its EPCRA files.	6/7/05	8/6/05	7/13/05	E
25	40 C.F.R. § 370	A Tier II report is required to be submitted on an annual basis for any hazardous chemical that requires an MSDS and is present in quantities greater than or equal to 10,000 lbs or any EHS present in greater than or equal to 500 lbs. Location of each tank/container is required to be listed.	"HCFC-134A" is reported on the 2004 Tier II report. 134A is a "hydrofluorocarbon (HFC)" not a "hydrochlorofluorocarbon (HCFC)" and should be listed as HFC-134A.	The facility revised the Tier II report to address this error and submitted the revised report to the appropriate agencies. The facility updated the EPCRA tracking spreadsheet to include the proper chemical name for this material for future reporting.	6/8/05	8/7/05	7/28/05	E
26	40 C.F.R. § 370	A Tier II report is required to be submitted on an annual basis for any hazardous chemical that requires an MSDS and is present in quantities greater than or equal to 10,000 lbs or any EHS present in greater than or equal to 500 lbs. Location of each tank/container is required to be listed. In addition a MSDS must be submitted to the agency within 90 days.	A 1000 gallon tank and (2) 300 gallon totes of Continuum 3138 were observed at the area near Cooling Tower #2. The label indicates it has a health hazard rating of 2. Assuming a density of 8.0 lbs/gallon, the quantity stored on-site appeared to exceed 10,000 lbs at the time of the site visit and may have exceeded 10,000 lbs during calendar year 2004. It was not reported on the 2004 Tier II report nor was a copy of the MSDS submitted to the agency.	The facility quantified the maximum amount of Continuum 3138 present onsite in 2004 and has determined that Continuum 3138 should have been included in the 2004 report. The facility has prepared and submitted a revised Tier II report to the appropriate agencies. The facility updated the EPCRA tracking spreadsheet to include these storage containers for evaluation for future reporting.	6/8/05	8/7/05	7/28/05	B,F
27	40 C.F.R. § 370	A Tier II report is required to be submitted on an annual basis for any hazardous chemical that requires an MSDS and is present in quantities greater than or equal to 10,000 lbs or any EHS present in greater than or equal to 500 lbs. Location of each tank/container is required to be listed.	The 2004 Tier II report for Fuel Oil/diesel does not cover the tanks associated with the powerhouse emergency generator or the emergency fire water pump.	A revised Tier II report has been prepared and submitted to the appropriate agencies to include the additional storage containers/areas. The facility updated the EPCRA tracking spreadsheet to include these storage containers/areas for evaluation for future reporting.	6/8/05	8/7/05	7/28/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
28	40 C.F.R. § 370	A Tier II report is required to be submitted on an annual basis for any hazardous chemical that requires an MSDS and is present in quantities greater than or equal to 10,000 lbs or any EHS present in greater than or equal to 500 lbs. Location of each tank/container is required to be listed.	The 2004 Tier II report for sodium hypochlorite does not cover the tank by cooling tower #2; the 2004 Tier II report for HCFC 123 and HFC 134 A does not cover storage locations near cooling tower # 2.	A revised Tier II report has been prepared and submitted to the appropriate agencies to include the additional storage containers/areas. The facility updated the EPCRA tracking spreadsheet to include these storage containers/areas for evaluation for future reporting.	6/8/05	8/7/05	7/28/05	B,F
29	40 C.F.R. § 370	A Tier II report is required to be submitted on an annual basis for any hazardous chemical that requires an MSDS and is present in quantities greater than or equal to 10,000 lbs or any EHS present in greater than or equal to 500 lbs. Location of each tank/container is required to be listed.	Typically 100 lbs or more of lead is contained in each lead acid fork lift and transportation vehicles. Lead would be reportable under Tier II if 10,000 lbs or more was stored on-site. In addition there are numerous batteries for UPS that contain lead. There were no calculations available to determine if the quantity of lead stored on-site exceeded 10,000 lbs. The 10,000 lb threshold for lead was exceeded in 2004 based on visual observations of the number of batteries present.	The facility quantified the amount of lead found in these and other onsite batteries and has determined that lead should have been included in the 2004 Tier II report. The facility has prepared and submitted a revised Tier II report to the appropriate agencies. The facility added lead from forklifts, transportation vehicles and batteries to the EPCRA tracking spreadsheet for consideration in future reporting.	6/13/05	8/12/05	7/28/05	B,F
30	TCRR 1200-1-11.03(5)(b))	Large and small quantity generators (LQGs and SQGs) are required to file an annual hazardous waste report with TDEC.	On the 2004 Annual Hazardous Waste, attachment WS, waste stream 1 formic acid solution, item 3, block 3d appears to be incorrectly calculated based on the instructions for completing the form. The quantity reported in block 3d is 4,656 kg and should be 4,420 kg.	The facility has corrected the error on the 2004 report and filed a revised report with TDEC. The facility developed a spreadsheet to reduce its dependence on manual calculations. Affected personnel have and will continue to received annual training on the use of the tool.	6/7/05	8/6/05	7/29/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
31	40 C.F.R. § 262.20	A generator who transports, or offers for transportation, hazardous waste for offsite treatment, storage, or disposal must prepare a manifest according to the instructions included in the appendix to 40 CFR 262.20. Item 16 of the appendix requires that the generator sign and date the certification statement (block 16) of the manifest.	Block 16 of manifest document number 59690 was not dated by the generator. (Note: The manifest was probably generated around May of 2005 as the manifest's transporter acknowledgement is dated May 12, 2005.)	The facility prepared a QA/QC checklist for use in reviewing manifests prepared for hazardous waste shipments. Affected personnel were trained on manifest preparation and use of the checklist.	6/7/05	8/6/05	6/21/05	C
32	TCA 68-212-301 to TCA 68-212-312	Under the Tennessee Hazardous Waste Reduction Act, LQG's and SQG's are required to incorporate waste reduction into their hazardous waste management activities by developing and maintaining a hazardous waste reduction plan.	There is an apparent error in transferring the waste disposal quantities from the summary sheet to the individual worksheets appearing in the waste minimization plan as follows: Methanol/Phenol solution - 2,960 kg on summary sheet vs 4,608 kg on worksheet. Sodium Hydroxide - 6,472 kg on summary sheet vs. 4,608 on worksheet. Aliphatic Alcohols - 0 kg on summary sheet vs. 258 kg on worksheet. Petroleum Naphtha - 1,535 kg on summary sheet vs. 4,608 kg on worksheet.	The facility reconciled the differences between the summary sheet and worksheets and revised the waste minimization plan accordingly. The facility prepared a QA/QC checklist for use in preparing updates to the waste reduction plan. Affected personnel were trained on completion of the plan and use of the checklist.	6/7/05	8/6/05	7/14/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
33	40 C.F.R. § 262.11	A person who generates a solid waste, as defined in 40 CFR 261.2, must determine if that waste is a hazardous waste.	The facility has materials present that could be considered waste materials requiring characterization. One unopened 50 lb pail of "Spectrus Ox 103" was found on a pallet in the old sewage treatment laydown area. The storage instructions state that this material should be stored in a cool dry place. The packaging date on the container is 9/29/1999. If this material has been stored in a manner such that it is no longer useable it could be considered a solid waste. In the T-95 Pack room, 7- 55 pound pails of nickel metal powder were found. On the 3rd floor of the T-95 building, 8 pails of the same material was found. If these materials are unique to the T-95 process and cannot be used they may be considered discarded and require characterization for disposal. On the 3rd floor of the T-95 Building, one blue drum of NRD-159 and one pail of 99% Isopropanol was found. If these materials are spent they may be considered to be discarded and require characterization for disposal.	The facility completed a characterization of these materials. The facility has prepared a waste management plan that includes documentation of hazardous waste classification and disposal requirements. Affected personnel have received training on the plan.	6/8/05	8/7/05	7/27/05	B,F
34	40 C.F.R. § 273.15	A small quantity generator of universal waste must be able to demonstrate the amount of time a universal waste has been accumulated on site, and may not accumulate universal waste for a period of more than one year.	The container of Ni-Cad Batteries in the battery accumulation area did not have an accumulation start date on it.	The Ni-Cad batteries at the site were properly disposed. The facility has prepared a universal waste procedure to address universal waste management requirements, including documentation of accumulation start date. Affected personnel have and will continue to receive annual training on the procedure.	6/8/05	8/7/05	7/27/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
35	40 C.F.R. § 273.14(a)	Universal waste batteries (i.e. each battery) or a container in which the batteries are contained, must be labeled or marked clearly with any one of the following phrases: "Universal Waste - Battery(ies)", or "Waste Battery(ies)" or "Used Battery(ies)"	Lead acid batteries were observed on a pallet in the battery accumulation area without the required labeling.	The batteries have been properly labeled. A universal waste procedure has been prepared to address universal waste management requirements, including documentation of accumulation start date. Affected personnel have and will continue to receive annual training on the procedure.	6/8/05	8/7/05	7/27/05	B,F
36	40 C.F.R. § 262.11	A person who generates a solid waste, as defined in 40 CFR 261.2, must determine if that waste is a hazardous waste.	The facility is disposing of fluorescent bulbs as special waste based on a laboratory analysis of 10 light bulbs. There is not adequate evidence that this waste characterization was performed in accordance with the requirements of 40 CFR 262.11(c)(1).	The facility completed a characterization of a representative sample of each brand/type of fluorescent lamp and is now managing them as hazardous waste. The facility has retained a waste management firm to recycle all of its fluorescent bulbs.	6/9/05	8/8/05	7/27/05	B,F
37	40 C.F.R. § 262.11	A person who generates a solid waste, as defined in 40 CFR 261.2, must determine if that waste is a hazardous waste.	Per discussions with plant personnel, metal halide and high pressure sodium bulbs are currently being disposed of in the trash. No waste characterization has been performed on these waste streams.	The facility completed a characterization of a representative sample of each brand/type of fluorescent lamp and is now managing them as hazardous waste. The facility has retained a waste management firm to recycle all of its fluorescent bulbs.	6/9/05	8/8/05	7/27/05	B,F
38	40 C.F.R. § 264.173	A container of hazardous waste must always be closed during storage, except when it is necessary to add or remove waste	A container of perclene soaked fibers was observed under hood 7 in the Chem lab with the cover on top of the container but not fastened in place.	The cover on the container has been fastened in place. The facility has developed a procedure for managing satellite storage areas in the lab, including the requirement to keep containers closed when not adding or removing wastes. Affected personnel were trained on the new procedure.	6/9/05	8/8/05	7/29/05	C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
39	40 C.F.R. § 264.173	A container of hazardous waste must always be closed during storage, except when it is necessary to add or remove waste.	The hazardous waste satellite accumulation container under hood 12 in the Chem Lab was not closed.	All containers in the ChemLab have been removed and this area will not be used a SAA under the facility's new procedure. The facility developed a procedure for managing lab waste consistent with the overall waste management plan so that the lab wastes are not accumulated in the lab. Affected personnel were trained on the new procedure.	6/9/05	8/8/05	7/29/05	C
40	40 C.F.R. § 264.173	A container of hazardous waste must always be closed during storage, except when it is necessary to add or remove waste	Satellite accumulation of aerosol cans is occurring in containers with holes cut in the top to allow placement of the cans. This closure of the container does not meet the requirement of the regulation. Instances of this practice were noted in the following areas: -NGI Shop -T32 Windup Shop -T32 Electrical Shop -T32 Extruder Floor -Truck Garage -Behind the GBI office area -Inside the GBI Shop -Inside the T-32 Pack Room	The facility has retrofitted the aerosol can accumulation containers throughout the facility with covers that do not have openings. The facility has prepared a satellite area management procedure, including the requirement for having closed containers. Affected personnel received training on the new procedure.	6/9/05	8/8/05	7/27/05	B,F
41	40 C.F.R. § 262.34 (c) (1)(ii)	A generator may accumulate as much as 55 gallons of hazardous waste or one quart of acutely hazardous waste at or near the point of generation provided he marks his containers with the words "Hazardous Waste" or with other words that identify the contents of the container.	At hoods 9, 10 and 12 in the Chem Lab, chemicals are accumulated in unmarked satellite accumulation containers.	All containers in the ChemLab have been removed and this area will not be used a SAA under the facility's new procedure. The facility has developed a procedure for managing lab waste consistent with the overall waste management plan so that the lab wastes are not accumulated in the lab. Affected personnel were trained on the new procedure.	6/9/05	8/8/05	7/29/05	A,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
42	40 C.F.R. § 262.34 (c) (2)	Waste being removed from a satellite accumulation area must be transported to a 90 day storage area	At hoods 9, 10 and 12 in the Chem Lab, hazardous waste accumulated in a satellite accumulation container are transported to the satellite accumulation area outside of the laboratory, rather than a 90 day accumulation area.	All containers in the ChemLab have been removed and this area will not be used as a SAA under the facility's new procedure. The facility has developed a procedure for managing lab waste consistent with the overall waste management plan so that the lab wastes are not accumulated in the lab. Affected personnel were trained on the new procedure.	6/9/05	8/8/05	7/29/05	B,F
43	40CFR 262.34 (c) (2)	Waste being removed from a satellite accumulation area must be transported to a 90 day storage area	Aerosol cans accumulated in satellite accumulation areas in shops are going to essential materials for further packaging prior to being shipped, rather than going to a 90 day area. The essential materials building is not operated as a 90 day area.	The facility properly disposed of the aerosol cans. The facility has prepared a satellite area management procedure, including the requirement for transfer of waste from the satellite area directly to the 90 day strorage area. Affected personnel received training on the new procedure.	6/9/05	8/8/05	7/27/05	B,F
44	40 C.F.R. § 262.11	A person who generates a solid waste, as defined in 40 CFR 261.2, must determine if that waste is a hazardous waste.	Approximately 300 lead calcium batteries were observed in the T-32 Drive Room. The condition of these batteries (i.e. electrolyte levels and corrosion on terminals) could be construed as an indicator that these batteries have been abandoned, in which case they would become subject to waste characterization requirements.	The facility determined that these batteries are in use and thus not a waste.	6/9/05	8/8/05	7/28/05	E
45	40 C.F.R. § 262.11	A person who generates a solid waste, as defined in 40 CFR 261.2, must determine if that waste is a hazardous waste.	A bucket of assorted and apparently spent fuses was observed by panel LP-DK in the T32 drive room. If these fuses are waste material then they are subject to waste characterization requirements.	The facility completed a waste characterization and properly disposed of the fuses. The facility prepared a waste management plan that includes documentation of hazardous waste classification and disposal requirements. Affected personnel received training on the plan.	6/9/05	8/8/05	7/22/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
46	40CFR § 261.4 (b) (13)	In order to qualify for the exemption from hazardous waste and used oil regulations, used oil filters must be gravity hot drained using one of the following methods: 1. Puncturing the filter anti-drain back valve or the filter dome end and hot draining 2. Hot draining and crushing 3. Dismantling and hot-draining 4. Any other equivalent hot-draining method that will remove used oil.	Oil filters accumulated in a 55-gallon barrel in the truck garage were examined. They were not drained using one of the acceptable methods.	The facility characterized and properly disposed of the container of used oil filters. The facility developed a procedure for managing used oil filters, including the requirement for gravity hot draining of the filters. Affected personnel were trained on the procedure.	6/13/05	8/12/05	7/25/05	B,F
47	40 C.F.R. § 262.11	A person who generates a solid waste, as defined in 40 CFR 261.2, must determine if that waste is a hazardous waste.	A discarded air conditioning unit was observed on a pallet behind the truck garage. A proper waste determination must be conducted on the unit.	The facility completed a waste characterization and properly disposed of the air conditioning unit. The facility prepared a waste management plan that includes documentation of hazardous waste classification and disposal requirements. Affected personnel received training on the plan.	6/13/05	8/12/05	7/27/05	B,F
48	40 C.F.R. § 264.173	A container of hazardous waste must always be closed during storage, except when it is necessary to add or remove waste	Aerosol cans are being accumulated in the essential materials building in open cardboard containers prior to shipment offsite for disposal.	The facility properly disposed of the aerosol cans. The facility prepared a satellite area management procedure, including the requirement for transfer of waste from the satellite area directly to the 90 day strorage area. Affected personnel received training on the new procedure.	6/13/05	8/12/05	7/27/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
49	40 C.F.R. § 262.34 (c) (1)(ii)	A generator may accumulate as much as 55 gallons of hazardous waste or one quart of acutely hazardous waste at or near the point of generation provided he marks his containers with the words "Hazardous Waste" or with other words that identify the contents of the container.	Aerosol cans are being accumulated in the essential materials building in unlabeled cardboard containers prior to shipment offsite for disposal.	The facility properly disposed of the aerosol cans. The facility prepared a satellite area management procedure, including the requirement for satellite storage containers to be 55-gallons or less. Affected personnel received training on the new procedure.	6/13/05	8/12/05	7/27/05	B,F
50	40 C.F.R. § 262.11	A person who generates a solid waste, as defined in 40 CFR 261.2, must determine if that waste is a hazardous waste.	"Spectrus Ox 103" tablets were observed on the ground near the chill well where they are normally added to the system. The tablets appear to be discarded and must therefore be characterized prior to disposal. Container label information indicates that they are classified as DOT oxidizers and would therefore be considered a hazardous waste when discarded.	The facility has collected these tablets and used them for their intended purpose. The operating procedure related to introduction of the tablets to the chill well was revised to reinforce the need to collect any dropped tablets for future use and to not leave these on the ground. Affected personnel received training on the revised procedure.	6/14/05	8/13/05	7/18/05	E
51	Federal Insecticide, Fungicide and Rodenticide Act 7 U.S.C.A. § 136 j (A)(2)(g)	Section 136 j (A) (2) (g) of the Federal Insecticide, Fungicide and Rodenticide Act provides that "it shall be unlawful for any person to use any registered pesticide in a manner inconsistent with its labeling"	Behind the Power Shop old garage, 4 containers that formerly contained "Spectrus OX 103" were observed being used as containers. This use of the container is inconsistent with the labeling on the container, which states that the containers should be triple rinsed and punctured, prior to disposal. In the old sewage treatment area, 2 containers that formerly contained "Spectrus OX 103" were observed being used as containers. This use of the container is inconsistent with the labeling, which states that the containers should be triple rinsed and punctured, prior to disposal.	The facility has collected all used Spectrus OX 103 buckets and has triple rinsed, punctured, and disposed of them. The facility has established a procedure for Spectrus OX 103 containers to clarify the need for triple rinsing and puncturing prior to disposal. Affected personnel were trained on the procedure. The facility will use the existing area audit procedure to verify that containers are properly disposed.	6/7/05	8/6/05	7/19/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
52	Federal Insecticide, Fungicide and Rodenticide Act 7 U.S.C.A. § 136 j (A)(2)(g)	Section 136 j (A) (2) (g) of the Federal Insecticide, Fungicide and Rodenticide Act provides that "it shall be unlawful for any person to use any registered pesticide in a manner inconsistent with its labeling"	The label on "Spectrus Ox NX1102" indicates that the drums should be tripled rinsed prior to being offered for recycling. The drums are currently being sent to Cardinal container without any processing prior to shipment.	The facility established a procedure for Spectrus Ox NX1102 containers to clarify the need for triple rinsing prior to offering them for offsite recycling. Affected personnel received training on the procedure. The facility will also use the existing area housekeeping procedure to verify that containers are properly disposed.	6/14/05	8/13/05	7/18/05	B,F
53	NPDES Permit No, TN0002844 Section B.4	The NPDES discharge permit requires sampling records to include the date, exact place, time and methods of sampling or measurements; sample preservation procedures; who performed the sampling or measurements; the dates the analysis were performed; who performed the analysis; the analytical techniques; and the results of the analysis.	The analytical records for Ash Pond Outfall 01C do not document the date and time of analysis, the name of the person who performed the analysis, and the analytical techniques used.	The facility has requested the contract laboratory to include this information on analytical reports associated with this permit and verify that it is included. A QA/QC checklist of required information has been prepared. Facility staff have and will continue to review all laboratory analytical reports using this checklist to confirm that the required information is provided. Affected personnel received training on the new checklist.	6/9/05	8/8/05	7/19/05	B,F
54	NPDES Permit No, TN0002844 Section B.4	The NPDES discharge permit requires sampling records to include the date, exact place, time and methods of sampling or measurements; sample preservation procedures; who performed the sampling or measurements; the dates the analysis were performed; who performed the analysis; the analytical techniques; and the results of the analysis.	The Technical Laboratories, Inc. analytical records for the storm water outfalls in 2003 and 2004 do not document the date and time of analysis, the name of the person who performed the analysis, and the analytical techniques used. In addition the Severen Trent analysis for volatile organics in June 2004 for Outfall S08 did not include the analyst name.	A number of these issues arose prior to INVISTA's ownership. The facility has requested the contract laboratory to include the required information on analytical reports associated with this permit and verify that it is included. The facility amended the wastewater operations checklist to include a review of analytical reports for permit required information. Affected personnel received training on the revised checklist.	6/13/05	8/12/05	8/1/05	B,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
55	NPDES Permit No, TN0002844 Part I.A	The NPDES permit requires the facility to collect storm water samples at least 72 hours after a rainfall event of 0.1 inches or greater.	Records indicate that none of the storm water samples collected in 2004 were collected at least 72 hours after a rainfall event of 0.1 inches.	The facility reviewed the stormwater sampling plan to verify that sampling requirements are properly described and amended the plan. The facility revised the operations checklist to include a check to confirm that duration between a measurable storm event and the time of sampling is being recorded to ensure that the minimum time required in the permit is followed. Affected personnel received training on the plan and checklist.	6/13/05	8/12/05	7/19/05	B,F
56	NPDES Permit No, TN0002844 Part IV	The NPDES discharge permit requires that semi annual inspections of the plant be performed to evaluate storm water management at the facility. Records of these inspections must be maintained for a period of three years.	Records were not found in the facility files to document that two site inspections were completed in 2004.	The facility confirmed that the inspections were conducted in July 2004 and January 2005, and thus were not timely. These inspections were documented. Personnel responsbile for implementing the semi-annual inspections received training on proper documentation and on timing and frequency of the required inspections.	6/10/05	8/9/05	7/21/05	B,F
57	NPDES Permit No, TN0002844 Part IV	The NPDES discharge permit requires the Plant to prepare a SWPPP in accordance with the permit.	The facility's SWPPP contains thirteen technical deficiencies.	A consultant revised the SWPPP to address the deficiencies. Affected personnel received training on the SWPPP revisions. SWPPP training and annual SWPPP review/update tasks were added to the compliance calendar.	6/15/05	8/14/05	8/12/05	A,F

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
58	NPDES Permit No, TN0002844	Each storm water and process water discharge point/outfall must be addressed in the Facility's NPDES permit.	The facility periodically backwashes the screen at the water intake. Water from the backwashing operation is subsequently discharged to the river. The discharge is not addressed in the NPDES permit.	The facility submitted a request to supplement the permit application to include screen backwashing as part of the authorized discharge. The request was submitted to the Tennessee Department of Environment and Conservation, Division of Water Pollution Control, along with a request for administrative acknowledgement that the current permit covers this discharge or a modification of the permit to include this discharge. By letter dated 10/17/05, TDEC authorized this discharge under the facility's existing NPDES permit.	6/15/05	8/14/05 Extension requested until permit issuance per letter dated 8/5/05.	10/17/05	B,F
59	NPDES Permit No, TN0002844 Part I Section A.	The wastewater discharge permit requires that Outfall S08 be monitored semi annually for tetrachloroethylene and trichloroethylene.	Records indicate that for the reporting period from September 2004 through February 2005 the facility did not collect a sample for tetrachloroethylene and trichloroethylene analyses at Outfall S08.	The facility has begun to collect such samples as required. The facility has also conducted training for the affected site personnel.	6/15/05	8/14/05	7/19/05	C
60	Wastewater Discharge Permit No. 3202 Special Conditions	The wastewater discharge permit requires the facility to maintain a daily log sheet at the oil cracking system of the amount of oil pumped off to the storage tank, the amount of water discharged to the POTW, and the name of the person who performed these tasks.	A review of the daily log sheet indicates that the amount of oil pumped to the storage tank, the amount of water drained to the POTW, and the person performing these tasks were not always completed on the daily log sheets. If there is no discharge to the POTW or if no oil was pumped off to the storage tank it should be noted.	The facility trained affected personnel on completion of the daily log sheet, including a review of the permit recordkeeping requirements.	6/9/05	8/8/05	7/19/05	B,F
61	Wastewater Discharge Permit No. 3202 Section C.6.	The wastewater discharge permit requires that the oil cracking system daily log sheets be maintained for a period of three years.	A copy of the daily log sheet for April 27, 2005 was not found in the facility files. In addition a daily log sheet for June 29, 2004 was not completed using the standard sheet but was recorded on the back of the sheet for June 28, 2004.	The facility trained affected personnel on completion of the daily log sheet, including a review of the permit recordkeeping requirements.	6/9/05	8/8/05	7/27/05	C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
62	Wastewater Discharge Permit No. 3202	The permit requires the facility to notify the POTW, the EPA and the state hazardous waste authorities of any discharge into the POTW of any substance which is a listed or characteristic waste under Section 3001 of RCRA. The notification shall include a description of the wastes discharged specifying the concentration, the type of material, and the hazardous constituents in the waste. Notification does not apply to those chemicals reported under self-monitoring requirements of the permit. The notification must also include certification that the permittee has a program in place to reduce the volume and toxicity of the wastes generated.	The plant provided a brief note on the application indicating the facility's hazardous waste generator status. The description did not fully address the requirements of the permit condition.	The facility has evaluated this issue and has concluded that it is not discharging hazardous wastes to the POTW. As such, the notification requirement does not apply.	6/15/05	8/14/05	8/3/05	E
63	Wastewater Discharge Permit No. 3202	The permit requires the facility to prepare a slug control plan to address minimization and management of the potential to release a slug of toxic or otherwise hazardous material to the POTW.	The facility has prepared a slug control plan, but the plan addresses only spill type releases. It does not mention or describe the potential for release of chemicals from the production processes as required in the permit condition.	The facility has reviewed, revised and submitted to the appropriate agencies a slug control plan to address potential process-related slugs. Affected personnel received training on the revised plan.	6/15/05	8/14/05	8/3/05	D,F
64	Wastewater Discharge permit 3203	When applying for renewal of the wastewater discharge permit, the facility was required to describe the process and the various discharges to the POTW.	The application for renewal of the permit, dated September 22, 2004, does not provide a description of the coal pile runoff or the TIO2 pond discharges. Both discharges are directed to the POTW.	The facility prepared and submitted to the appropriate agencies an amendment to the permit application to clarify that discharge from settling ponds (containing TI02 and coal pile runoff) is routed to the city sewer. The facility has received confirmation from the City that this waste stream is covered by the facility's permit.	6/15/05	8/14/05 Extension requested until agency approval per letter dated 8/5/05.	9/7/05	C,F

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
65	40 C.F.R. § 761.65	PCB waste may only be stored in a temporary location (i.e., a location not meeting PCB storage facility requirements at Part 761.65) for 30 days from the date of removal from service.	One (1) 55-gallon drum containing PCB waste is located in the battery accumulation area, which meets the EPA definition of a PCB temporary storage location. The container (drum) should be dated with the first date a PCB item/article in the drum was removed from service.	The facility properly disposed of this container and has replaced it with a new temporary container. The waste management procedure has been revised to include the requirement to label the container with the date that the first PCB item is stored and to clarify the need to move PCB items from temporary storage to the PCB storage unit within 30 days. Affected personnel received training on the revised procedure. In addition, a step to confirm that PCB wastes are being moved from temporary storage within 30 days has been added to the existing housekeeping procedure for this area.	6/14/05	8/13/05	7/28/05	D,F
66	40 C.F.R. § Parts 717, 717.1, 717.10, 717.12, 717.15, and 717.15 (d) (Section 8 (c) of TSCA)	Records and reports of allegations by employees that chemicals or mixtures of chemicals have caused significant adverse reactions to humans or the environment must be kept at the facility and copies of said allegations must be provided to the headquarters or other central facility of the company.	An allegation made by an employee on September 29, 2004, that he or she was injured by exposure to a mixture of chemicals present in a fiber finish was not appropriately recorded as an 8(c) significant adverse effect in a facility file. Also, a copy of an allegation report was not filed in the headquarters or other central facility of the company.	The facility prepared an internal record of the incident as required. The facility reviewed its TSCA training module and QA/QC practices to ensure their adequacy under the TSCA 8(c) requirements. Affected personnel received additional training on TSCA 8(c) requirements.	6/8/05	8/7/05	8/1/05	C,F
67	40 C.F.R. § Parts 707, 707.20, 707.20(b), and 707.20(c) (Section 13 of TSCA) and Guidance Document "Toxic Substance Control Act, A Guide For Chemical Importers/Exporters, An Overview" (EPA 560/1-91-001) questions 53 and 55 on pages 31 and 32.	Imported shipments of chemicals or mixtures of chemicals must be covered by a "Positive" or "Negative" certification statement submitted to U.S. Customs at the time of importation. EPA may grant limited additional time (1-2 weeks) to importers and recipients of shipments received by common carriers (e.g. FedEx, UPS, etc.) to submit "post receipt" certification directly to EPA HQ.	There is no evidence for a number of shipments of nylon 6,6 pellets from the Netherlands that the correct import certification was completed. In addition, an internal form for recent shipments of the pellets indicated that the import certification was not required for the pellets. In the past the form for earlier shipments of the pellets correctly indicated the import certification was required.	The facility provided import certifications for the nylon 6,6 shipments in question to EPA. Affected personnel have and will continue to receive annual training on the import certification requirements.	6/7/05	8/6/05	8/3/05	B,F

EXCEPTIONS SELF-IDENTIFIED TO THE AUDITOR ARISING OUTSIDE OF THE AUDIT

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
1	NPDES Permit No, TN0002844	Only the wastewater sources identified in the Plant's NPDES Permit can be discharged via the permitted outfalls.	**Self Identified** Periodically during heavy rainfall events the Plant is not allowed to discharge to the city sewer. When this occurs the Plant diverts the wastewater flow to the 6,000,000 gallon retention basin. When full the retention basin overflows to the discharge ditch which on two occasions (December 2004 and May 2003) overflowed to Outfall 001. Outfall 001 is not permitted to discharge process wastewater. The State agency was appropriately notified of the discharges and the Plant has hired a consultant to investigate this issue.	The facility has engaged an engineering firm to identify and evaluate alternatives that will prevent unauthorized wastewater discharges through Outfall 001. The facility is continuing to work with the engineering firm to develop and evaluate alternative and will prepare a work plan and implement the selected alternative(s) in consultation with the appropriate authorities. The facility originally requested an extension until 11/30/05 per letter dated 8/5/05.	6/8/2005 (Date reviewed by auditor)	8/10/05 Current extension requested until 6/30/06 per letter dated 1/20/06.	Pending See Tab 18.A	B,F
2	Wastewater Discharge Permit: 3202 Section C.6.a.	The permit requires the facility to maintain, all monitoring information, calibration and maintenance records, original strip chart recordings, copies of all reports and all data used to complete the permit application for a period of three years.	**Self Identified** Personnel indicated and records in the file document that on several occasions the pH meter and flow meter that continuously monitor outfall 01B failed to record the flow and pH data. Thus the Plant does not have the continuous monitoring records as required by the permit. The city has been notified of the issue and the Plant is in the process of installing a new continuous monitoring device.	The facility has completed the replacement of the continuous monitoring recorder. Affected personnel have received training on the new device and the recordkeeping requirements of the permit. The facility has revised the operations checklist to include a check to confirm that the required records are being maintained.	6/8/2005 (Date reviewed by auditor)	8/10/05	7/25/05	B,F
3	NPDES Permit No, TN0002844	The NPDES discharge permit requires daily sampling Outfall 001 for total suspended solids (TSS). The permit establishes a daily limit of 55 lbs/daily.	**Self Identified** On September 4, 2004, November 11, 2004, and December 2, 2004 the facility exceeded the daily TSS permit limit. The TDEC was appropriately notified of the exceedance.	The facility has reviewed the effectiveness of actions taken to date to prevent recurrence of TSS exceedances and has determined that additional actions are not needed to prevent recurrence.	6/10/2005 (Date reviewed by auditor)	8/12/05	7/13/05	C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
4	NPDES Permit No, TN0002844	The NPDES permit requires the facility to maintain all monitoring records for three years.	**Self Identified** Personnel indicated and records in the file document that on several occasions the flow meter that continuously monitor outfall 001 and 01D failed to record the flow data. Thus the Plant does not have the continuous monitoring records as required by the permit. The TDEC has been notified of the issue and the Plant is in the process of installing a new continuous monitoring device.	The facility completed the replacement of the continuous monitoring data recorder. Affected personnel received training on the new device. The facility revised the operations checklist to include a check to confirm that the required records are being maintained.	6/10/2005 (Date reviewed by auditor)	8/12/05	7/20/05	A,F

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
			EXCEPTIONS					
1	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); Chattanooga Air Pollution Control Ordinance §4-41, Rule18.4(a), (c), (d), (g) and (i).	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in the 1997 to 1998 time frame, the facility installed eight T-95 spinning machines and associated ancillary equipment, and increased boiler capacity. These changes resulted in increases of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F
2	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); Chattanooga Air Pollution Control Ordinance §4-41, Rule18.4(a), (c), (d), (g) and (i).	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in 1997 the facility installed a T-71 spinning machine and associated ancillary equipment. The facility also upgraded vaporizers to support this project. These changes resulted in an increase of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

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TAB 6.B

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Completed	Frequency/ Duration
3	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); Chattanooga Air Pollution Control Ordinance §4-41, Rule18.4(a), (c), (d), (g) and (i).	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in 1997 the facility made changes to its T-37 spinning machines to convert them to T-74 spinning machines. These changes resulted in an increase of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/ Duration
1	40 C.F.R. § 273.14(e)	Universal waste lamp containers must be labeled with one of the following phrases - "Universal Waste Lamps", "Waste Lamps" or "Used Lamps."	The facility accumulates spent lamps in a box marked "Hazardous Waste." Once an amount sufficient for disposal has been accumulated, the facility arranges for pick up by a waste contractor who manages the spent lamps as a universal waste. It is inappropriate to label the spent lamps as hazardous waste and subsequently dispose of them as universal waste because the requirements differ.	The facility removed the hazardous waste label and marked the container with the words "Universal Waste - Lamps." The facility prepared a universal waste management procedure. Affected personnel received training on the procedure.	5/17/05	7/16/05	6/10/05	B,F

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Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
			EXCEPTIONS					
1	40 C.F.R. §§ 370.21 and 370.20(c)	The owner or operator of a facility subject to this subpart shall submit an MSDS on or before October 17, 1990 (or within three months after the facility first becomes subject to this subpart), for all hazardous chemicals present at the facility at any one time in amounts equal to or greater than their thresholds.	The facility exceeded the applicable threshold for oxygen in September 2004 and has not submitted the MSDS to the appropriate agencies.	The facility included oxygen on the Tier II report for 2004, which was submitted by March 1. The facility indicated in the cover letter that oxygen is being reported to satisfy the requirements of EPCRA 311 in addition to the Tier II reporting requirement. The facility has also reviewed and updated the procedure for bringing new materials onsite as needed to ensure that EPCRA obligations are clear. Staff responsible for procurement of new materials has been trained on the updated procedure.	2/10/05	4/10/05	3/21/05	C
2	9 VAC 20-60A.262.11	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge.	Currently, hazardous waste 1,1,1-trichloroethane generated at the facility is characterized incorrectly as a D001 (ignitable) and F001 waste (spent halogenated solvents used in degreasing). However, the waste should not be characterized as a D001 waste because it has a flash point above 140 degrees F and should not be a F001 waste because 1,1,1-trichloroethane is not used in degreasing. The waste should be characterized as a F002 waste because 1,1,1-trichloroethane is actually used as a lubricating-coolant and not as a degreaser.	The facility has reviewed the variability of this waste stream to ensure that it would never classify as a D001 waste. In addition, this waste stream has been assigned an F002 code, rather than D001 or F001. All plant waste streams have been checked to ensure proper waste classifications. Documentation of waste classifications has been modified as appropriate. A revised Notification of Hazardous Waste Activity form (8700) has been filed with VADEQ to communicate the necessary waste classification changes.	2/8/05	4/8/05	4/6/05	B,F

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Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
3	9 VAC 20-60A.279.22(c)	All containers and tanks used to store used oil must be labeled or marked clearly with the words "Used Oil."	One (1) unlabeled 54-gallon (Canadian) drum of used oil was observed on the southwest exterior corner of the building.	The facility has labeled this container with the words "used oil." The container has been added to the inspection protocol to confirm proper labeling going forward. The procedure that addresses container management has been revised to address proper labeling. Staff with container management responsibilities have received training on the updated procedure.	2/8/05	4/8/05	3/18/05	C
4	9 VAC 20-60A.265.176	Containers holding ignitable or reactive waste must be located at least 15 meters (50 feet) from the facility's property line.	Ignitable hazardous waste (D001) observed in the "Drum Room" 90 day Hazardous Waste Accumulation Area (HWAA) is within 50 feet of the property boundary.	The facility asked VADEQ, through a written request, to approve continued use of the storage area for D001 waste. By letter dated 3/28/2005, VADEQ conditionally approved the use of the storage area. The facility has documented meeting the conditions, which included posting a sign on the storage area.	2/8/05	4/8/05	4/6/05	B,F
5	9 VAC 20-60A.265.51, 265.52, and 265.54	Each owner or operator of a facility generating hazardous waste must have a contingency plan and update that plan when necessary.	The facility Hazardous Waste Contingency Plan (HWCP) needs to be updated to include the capabilities of emergency equipment, evacuation plan information, and emergency procedures stipulated in Part 265.	The facility has updated the Hazardous Waste Contingency Plan (HWCP) to include the capabilities of emergency equipment, evacuation plan information, and emergency procedures stipulated in Part 265. Copies of the updated HWCP have been sent to the local fire department, hospital, sheriff, and rescue squad. Plant staff has received training on the updated HWCP. Review of the plan on an annual basis for accuracy has been included on the facility Compliance Calendar.	2/8/05	4/8/05	4/7/05	A,F

Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
6	9 VAC 20-60A.265.16	The owner or operator of a facility generating hazardous waste must maintain the job titles and written job descriptions for each individual that engages in hazardous waste management.	No job descriptions exist in the facility Hazardous Waste Contingency Plan (HWCP) for individuals that generate and manage hazardous waste at the Kitamura machines. The job descriptions should include the requisite skill, education, or other qualifications and duties required of individuals assigned to hazardous waste management.	The facility has prepared a job description for individuals that generate and manage hazardous waste at the Kitamura machines. The job description defines the requisite skill, education (or other qualifications) and duties required of individuals assigned to Kitamura hazardous waste management. The job description has been reviewed with these individuals, and a copy of the job description has been appended to the HWCP.	2/8/05	4/8/05	4/7/05	B,F
7	9 VAC 20-60A.262.20 and 268	A generator who transports or offers for transportation, hazardous waste for off-site treatment, storage, or disposal must prepare a manifest and complete a land disposal restriction form according to the instructions contained in Part 262.	There were no land disposal restriction (LDR) forms associated with manifest number 60064 (07-09-04) and manifest number 12903 (12-17-03).	The facility has reviewed its waste manifest procedure and updated it to ensure that LDR forms are documented in the facility file. During further file review, the LDR form associated with manifest 60064 was found and it has been attached to the manifest. The other manifest, 12903, related exclusively to DuPont waste generated during demolition activities at the nylon plant. This information was forwarded by letter to DuPont.	2/8/05	4/8/05	4/7/05	B,F
8	9 VAC 20-60A.260.10	Facilities generating hazardous waste must manage and dispose of hazardous waste in accordance with VADEQ regulations.	According to site personnel, paper towels used with acetone (finger nail polish remover), 1,1,1-trichloroethane, and Crown Red Stencil Ink (methylene chloride) are disposed of in solid waste receptacles inside the facility and in a solid waste dumpster outside the facility. Disposition of hazardous waste with solid waste constitutes improper disposal of hazardous waste.	The facility moved and properly disposed of the paper towels. The facility has established satellite accumulation areas for towels used with "listed" wastes. A towel management procedure has been developed to control the accumulation and disposition of the towels. All plant staff has received initial training on the towel management procedure. Annual refresher training has been added to the compliance calendar as part of the Hazardous Waste Contingency Plan.	2/9/05	4/9/05	4/7/05	B,F

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Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
9	9 VAC 20-60A.262.34	Facilities generating hazardous waste must ensure that the waste is correctly labeled as to the contents of the waste during storage in a 90 day hazardous waste accumulation area (HWAA).	One (1) 55-gallon drum of M-310 hazardous waste was incorrectly labeled with the waste code D040, which indicates the waste contains trichloroethylene (TCE). This is incorrect as the waste M-310 is actually 1,1,1-trichloroethane.	The facility has removed the D040 waste code and added F002 to the label. All plant waste streams have been checked to ensure proper waste classifications. Documentation of waste classifications has been modified as appropriate. Staff with responsibility for container management has received training on the application of the waste classifications to container labeling.	2/9/05	4/9/05	4/7/05	B,F
10	9 VAC 20-60A.262.34	Facilities accumulating hazardous waste in a Satellite Accumulation Area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	Hazardous waste 1,1,1-trichloroethane generated in the Kitamura kevlar machine is not currently accumulated or managed as SAA waste. However, the waste is accumulated in a closed bucket at the point of generation for approximately one (1) month before being moved to the hazardous waste accumulation area (HWAA) and meets the regulatory definition of a SAA.	The facility now manages this waste stream accumulation point as a satellite accumulation area. This includes container labeling and removal of the container to <90 day storage or offsite disposal within 3 days of reaching the max capacity of the SAA container(s) (not exceeding 55 gallons of storage). The facility has prepared a plant wide satellite accumulation area management plan to ensure that all SAA regulatory requirements are followed. Annual review of the SAA plan has been included on the compliance calendar for annual review as part of the HWCP.	2/9/05	4/9/05	4/7/05	B,F

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Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
11	9 VAC 20-60A.262.11	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge.	According to site personnel, counter bore blanks lubricated with 1,1,1-trichloroethane in the vacuum oiler bath are then finished (cut) in the Kitamura machines. Oil from the Kitamura machines is collected and disposed of as M-315 hazardous waste (D001) (Lapping Vehicle, Lapping Compound, and Varsol) which is incorrect. The waste should be disposed of as M-310 hazardous waste (F002) (1,1,1-trichloroethane).	The facility has checked all plant waste streams to ensure proper waste classifications. Documentation of waste classifications has been modified as appropriate. Staff with responsibility for container management have received training on the application of the waste classifications to container labeling and disposal.	2/9/05	4/9/05	4/7/05	B,F
12	9 VAC 20-60A.262.34	Facilities accumulating hazardous waste in a Satellite Accumulation Area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	Hazardous waste Lapping Vehicle and Lapping Compound generated in the Lapmaster machines is not currently managed as SAA waste. However, waste accumulation in this manner meets the regulatory definition of an SAA and should be managed as SAA waste. It should also be noted that the buckets in which the waste is accumulated are open-top and were not closed (hazardous waste containers are required to be closed except when adding or removing waste).	The facility now manages this waste stream accumulation point as a satellite accumulation area. The facility has prepared a plant wide satellite accumulation area management plan to ensure that all SAA regulatory requirements are followed. This plan includes securing lids on open-top containers when not adding or removing waste material. Staff with SAA responsibilities have been trained on the developed SAA management plan. Training and review of the SAA plan has been included on the compliance calendar for annual review as part of the HWCP.	2/9/05	4/9/05	4/7/05	B,F

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Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
13	9 VAC 20-60A.262.11	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge.	According to site personnel, no waste profile or characterization exists for the hazardous waste stream generated from puncturing aerosol cans (can drainage or drippage following puncture). Can puncturing has occurred since May 1, 2004 but has recently been discontinued. However according to facility personnel, operations may reconvene in the future.	The facility has reviewed the applicable regulations for disposal of empty aerosol cans and has ceased the can puncturing process. Waste classification determination and documentation has been completed based upon the discontinuation of this process.	2/9/05	4/9/05	4/7/05	B,F
14	9 VAC 20-60-273(B)(3)(b) and (B)(3)(c)(2)	A Universal Waste Handler of fluorescent lamps that breaks, crushes, handles, or stores lamps must develop and implement written procedures specifying how the facility intends to do so safely.	The facility does not have written procedures specifying how the facility intends to handle and store lamps safely.	The facility has prepared a lamp management procedure that addresses safe handling, storage, transportation, and disposal of lamps. Personnel responsible for lamp management has been trained on the developed procedure.	2/10/05	4/10/05	3/11/05	B,F
15	40 C.F.R. § 112 (b)	Facilities that store, process, or use oil and oil products and might be reasonably expected to discharge oil in quantities that may be harmful to navigable waters of the United States are subject to the regulation. Facilities having an oil capacity of 1,320 gallons or more in containers of 55 gallons or larger are required to prepare a SPCC Plan.	The Facility does not currently have an SPCC Plan. The Facility estimated the oil storage capacity as 1960 gallons in 2004. The Facility is required to have an SPCC Plan because the oil storage capacity is greater than 1320 gallons.	The facility has prepared an SPCC Plan, and the plan has been certified by a professional engineer. Plant staff has received training in implementation of the SPCC, including such things as inspections and recordkeeping.	2/8/05	4/8/05	4/7/05	A,F

Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
16	40 C.F.R. § 122.26, 9 VAC 25-180, and Storm Water Pollution Prevention Plan (SWPPP) dated Oct. 2004	The SWPPP indicates that spill prevention containment is provided for the 54 gallon lubricating oil carryover drum (Pennex N47). It should be noted that the storm water permit is issued to DuPont and the SWPPP was prepared by DuPont. INVISTA's operations are addressed in the permit and SWPPP.	The secondary containment dike only has a storage capacity of 39 gallons. Containment capacity is insufficient.	The facility has increased the capacity of the containment around the existing 54-gallon container sufficient to capture the entire contents, plus sufficient capacity for storm water.	2/9/05	4/9/05	3/23/05	A,F
17	40 C.F.R. § 122.26 and Storm Water Pollution Prevention Plan (SWPPP) dated Oct. 2004	The SWPPP is required to identify potential storm water contamination sources.	The roll-off dumpster labeled "Vespel" shavings on the west side of the site is missing the drain plug and an oil sheen was observed in water draining below the drain hole.	The facility replaced the missing drain plug and permanently removed the dumpster from the site since Vespel shavings are no longer generated. The dumpster inspection procedures have been updated to address the requirement to have the drain plug inserted into the dumpster. Staff responsible for the inspections have received training on the revised procedure.	2/9/05	4/9/05	3/18/05	B,F
18	40 C.F.R. § 122.26 and Storm Water Pollution Prevention Plan (SWPPP) dated Oct. 2004	The SWPPP is required to identify potential storm water contamination sources.	The west dock solid waste dumpster was not covered and shop towels were observed in the dumpster. The SWPPP indicates that the west dumpster will be covered and will not be used to contain trash that contains oil. The shop towels can contain oil residue.	The facility has emptied the dumpster and taken it out of active service. The dumpster has been replaced with a unit having a lid. The dumpster inspection procedure has been updated to address the requirement to keep the cover closed when waste is not being added or removed. Staff responsible for the inspections have received training on the revised procedure.	2/9/05	4/9/05	3/18/05	B,F

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Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
19	40 C.F.R. § 122.26 and Storm Water Pollution Prevention Plan (SWPPP) dated Oct. 2004	Section 4.2 of the SWPPP indicates that refuse dumpsters will be well maintained.	One of the trash dumpsters at Dock 1 has what appears to be a forklift puncture and would likely leak when waste is transferred.	The facility has repaired the forklift puncture. The dumpster inspection procedure was modified to include additional detail regarding acceptable physical conditions. Staff responsible for the inspections have received training on the revised procedure.	2/9/05	4/9/05	3/18/05	C
20	40 C.F.R. § 122.26 and Storm Water Pollution Prevention Plan (SWPPP) dated Oct. 2004	The SWPPP is required to identify potential storm water contamination sources.	The Hazardous Waste Accumulation area at the west side of the site is not identified as a potential storm water contamination source.	The facility has notified DuPont (the permittee) that the hazardous waste accumulation area at the west side of the site should be added to the INVISTA operations section of the DuPont SWPPP as a potential contamination source. The facility has confirmed that there are no additional permit or regulatory requirements that apply.	2/9/05	4/9/05	3/31/05	E
21	Storm Water Pollution Prevention Plan (SWPPP) Section 5.5	The SWPPP prepared by DuPont indicates that weekly inspections will be conducted by INVISTA as outlined in the Plan.	Weekly inspection records dating back to the start of 2004 were reviewed. Records of the weekly inspections were not available to document inspections for one week in May and one week in August.	The facility included weekly SWPPP inspections to the compliance calendar beginning in October, 2004. Refresher training on weekly inspection requirements has been provided to appropriate personnel.	2/8/05	4/8/05	3/18/05	C
22	40 C.F.R. § 122.26 (a)(6)(I) and 25 VAC 31-120.A.4	All storm water discharges associated with industrial activity that discharge through a storm water discharge system that is not a municipal separate storm sewer must be covered by an individual permit, or a permit issued to the operator of the portion of the system that discharges to waters of the United States, with each discharger to the non-municipal conveyance a co-permittee to that permit.	The facility discharges storm water associated with industrial activity under a permit issued to DuPont. DuPont's SWPPP specifically includes INVISTA's activities but the permit does not identify INVISTA as a co-permittee. It should be noted that in conversations with VADEQ personnel the current arrangement with DuPont is acceptable.	The facility asked the VADEQ to determine which discharger status applied to the facility. By letter dated 3/28/2005, VADEQ confirmed that the current DuPont VPDES permit covers INVISTA operations and no additional permitting action is required.	2/9/05	4/9/05	3/30/05	E

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Item	Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60 Day Deadline	Date Corrected	Frequency/ Duration
23	Section III of the Henry County Public Service Authority Pretreatment Regulations	The regulation requires that all industrial users must submit an Industrial Sewer Connection Application.	The facility has not submitted an Industrial Sewer Connection Application but according to personnel the facility discharges wastewater via DuPont's permit. A copy of DuPont's wastewater permit with the Henry County Public Service Authority was not available to verify that the permit covered INVISTA's activities.	The facility requested a copy of the DuPont permit to verify that INVISTA's operations are included in the permit. The facility was provided a letter dated 8/2/1999 from the Henry County Public Service Authority indicating that the remaining DuPont operations on site were no longer considered significant and no industrial user permit was required. The facility reviewed the county pretreatment ordinance and also determined that no permit is required.	2/9/05	4/9/05	4/8/05	E

Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/ Duration
Exceptions								
1	NPDES Permit DE0000035	Each storm water and process water discharge point/outfall must be addressed in the facility's NPDES permit.	The facility is in the process of replacing the traveling screen at the surface water intake. The intake is one of the points addressed in the NPDES permit. At the time of the auditor's Site visit, backwash water from the screen was observed to be discharging to the ground due to incomplete piping modifications.	1. Corrected design to return backflush water to river. 2. Sent notice to DNREC as required in monthly DMR.	10/20/04	12/19/04	1. 10/28/04 2. 12/2/04	C
2	NPDES Permit DE0000035	The facility's NPDES permit (Special Condition 12) requires the preparation of a Storm Water Best Management Practice Plan. The Plan is to include measures to minimize or eliminate the potential to contaminate storm water runoff from areas of industrial activity.	At the time of the Site visit, two small piles of what appeared to be soil were observed on the ground in the area near the coal pile. In addition, there was evidence of a soda ash spill near the power building storage area. Both the soil piles and the stained pavement have a potential for contaminating storm water runoff. Each discharge point where storm water is discharged from the Site is monitored routinely, and the drainage system is designed such that water from any discharge point may be diverted to a detention pond. Housekeeping measures (Section 3.2.7.3 of the Storm Water BMP Plan), requires maintaining the grounds in a manner such that spills are promptly cleaned up and outside storage is minimized, can reduce the potential having to divert and treat non-process water discharges.	1. Removed and managed soil piles in accordance with Site Excavated Material Management Plan SF-EN-400. 2. Reviewed and revised Power Area truck unloading procedure to comply with Storm Water Best Management Plan SF-EN-310. 3. Trained Powerhouse operators on upgraded unloading procedures to assure compliance.	10/20/04	12/19/04	1. 12/13/04 2. 12/2/04 3. 12/12/04	B,F

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TAB 9.A

Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/ Duration
3	Title V Permit Condition 3-Table1(e)(1)(v)(A) and (vii)(B)	Records must be kept to establish a basis to demonstrate compliance with the 67 lb/hr nylon charge rate for the Lindberg Reclamation "burn furnace".	Based on a spot check of burn furnace operating records the amount of nylon charged is not always estimated and recorded.	1. Plant reviewed and updated spreadsheet to estimate nylon charge rate. 2. Retrained operators on need to document nylon charge rate.	10/21/04	12/20/04	1. 11/19/04 2. 12/6/04	B,F
4	DE Air Reg. 30	All insignificant activities must be listed on form AQM-1001CC in the facility's Title V permit application.	Certain insignificant activities are not listed in the facility's Title V permit application (e.g., water treatment units, non-contact water cooling towers).	The facility identified insignificant activities that were not included in the application. The Title V Permit modification was submitted.[1]	10/20/04	12/19/04	12/17/04	D,F
5	DNREC § 273.18	The facility has made the determination that spent fluorescent lamps are universal waste and must be managed and disposed of pursuant to universal waste regulations.	Twelve spent fluorescent lamps were documented in a solid waste receptacle in the Floor 4 Pelletizer Shop.	1. Removed lamps and placed in Universal Storage area per site procedures. 2. Retrained area personnel on Universal waste requirements.	10/19/04	12/18/04	1. 10/20/04 2. 12/14/04	C
6	40 C.F.R. § § 112.7(e) and 112.8 (b)1.	Facilities with SPCC Plans that drain rainwater from secondary containment dikes must document inspections of the rainwater for contamination prior to discharge.	Personnel indicated that records are not maintained for draining rainwater from the secondary containment dike for the fuel oil storage tanks.	1. Updated SPCC Plan inspection form to provide documentation of visual inspections of accumulated rainwater. 2. Trained affected individuals on requirement.	10/20/04	12/19/04	10/22/04	B,F

[1] Per Delaware Air Regulation 30, sources are authorized to make the changes proposed in administrative and minor permit amendments immediately after filing the application. This applies to Finding Nos. 4, 27, 29, 33 and 34.